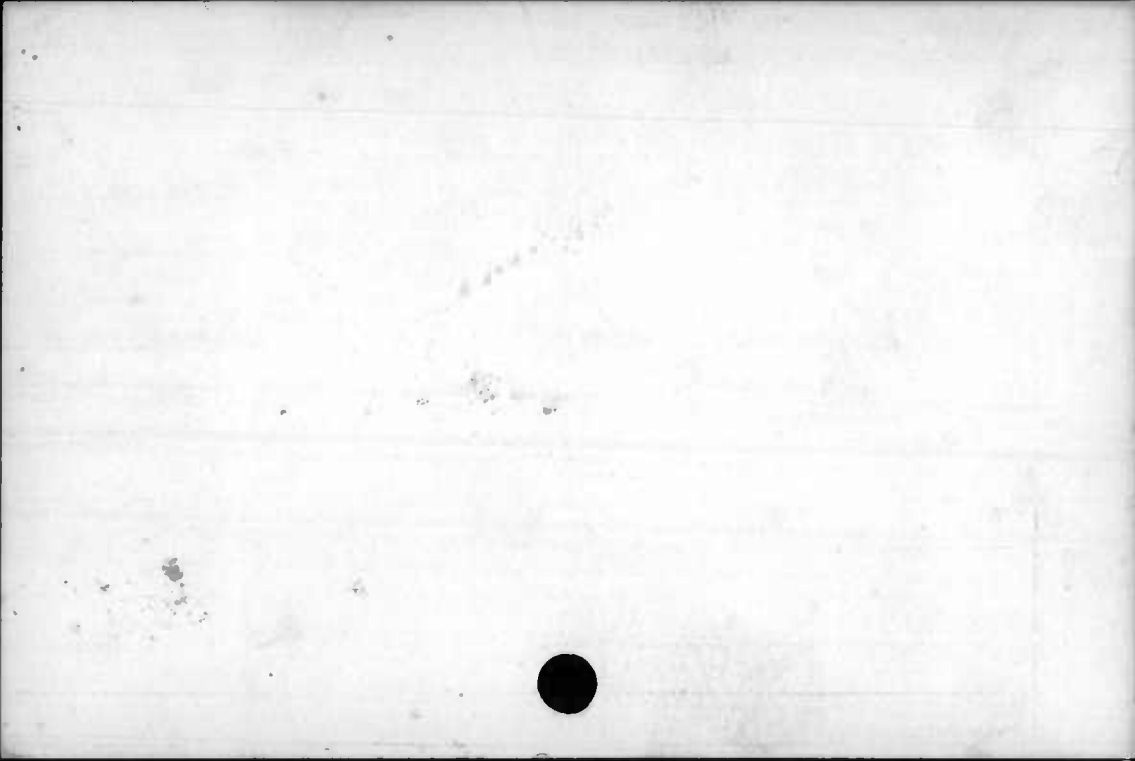


Name in Full		Certificate of Death			
Sarah Matilda Adams.		MARYLAND			
Died at Laurel		County Prince Geo.			
Date of death 1903		Month Aug	Day 28	Age	5 Mos.
Sex girl		Color or Race colored		Birth-place Laurel	
Married, Single or Widowed		Occupation			
Name of Wife or Husband		Nancy Berley			
Father's Name		Elias Adams.		Father's Birthplace Laurel	
Mother's Maiden Name		S. Colbert.		Mother's Birthplace A.G. Co.	
Name of person giving information		S. Colbert.		How related to deceased Brother.	
CAUSES OF DEATH					
Primary		Or not known		How long 2 days	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Samuel E. Anderson*Died *near* *Glendale* Town*P.B.* County

MARYLAND

Date of death *1903* *August* MonthDay *16*Age *90* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *P.B. Co. Md.*Occupation *Machine*

Where Residing if not at place of death

Married, Single or Widowed *Single*Name of Wife or Husband *M. A. Anderson*Father's Name *S. E. Anderson*Father's Birthplace *P.B. Co. Md.*Mother's Maiden Name *E. D. Wall*Mother's Birthplace *P.B. Co. Md.*Name of person giving Information *S. E. Anderson*How related to deceased *Son*

CAUSES OF DEATH

Primary *old age*

How long

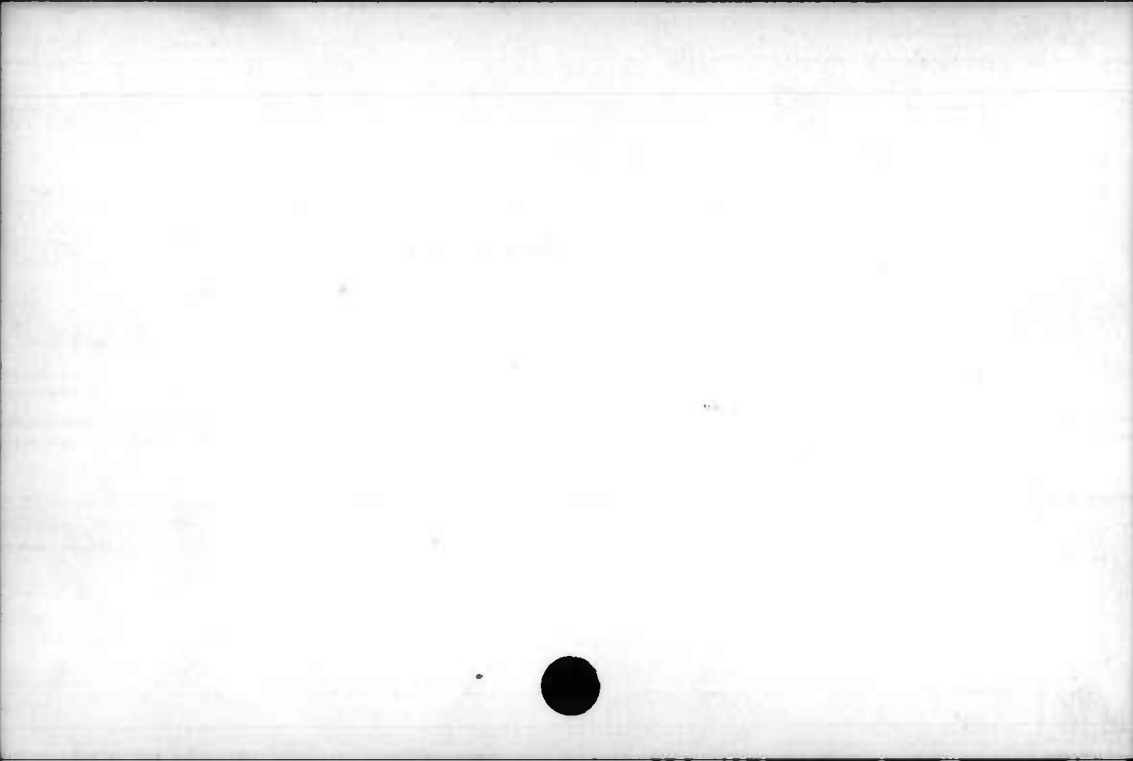
Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *M. M. D. Wall*Address *Springfield Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Wilton Leslie Baden

CERTIFICATE OF DEATH

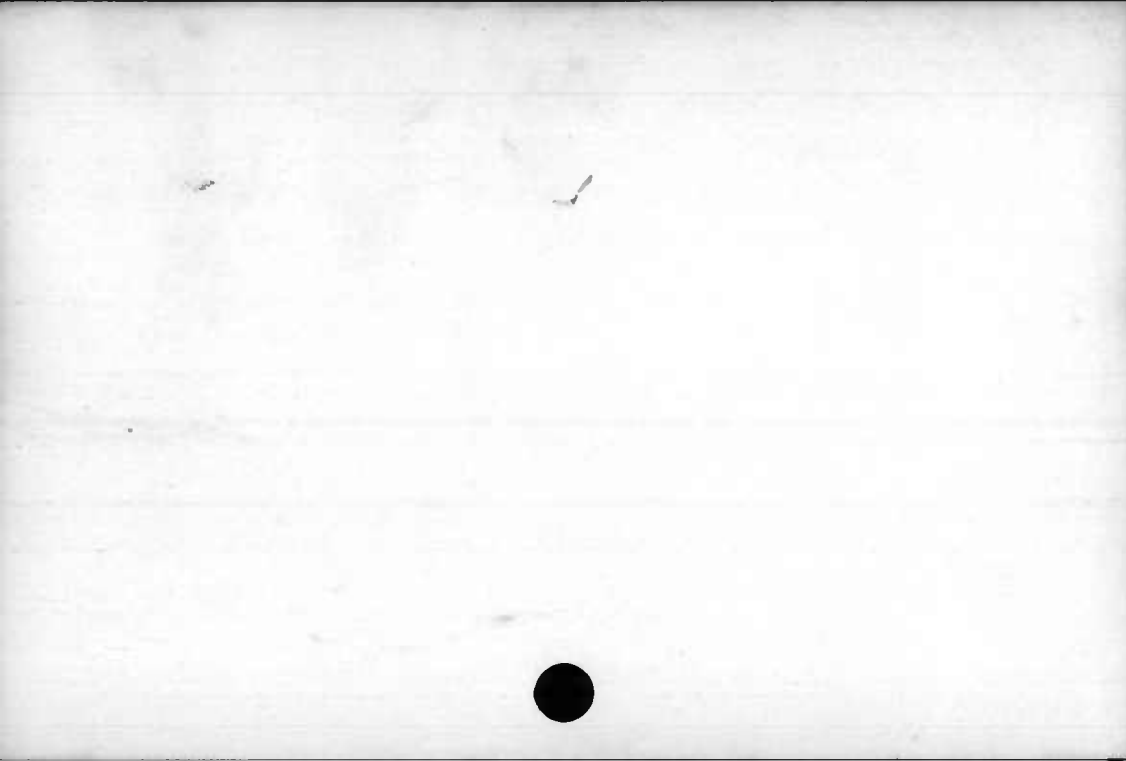
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Nottingham</i> Town		<i>Po. Ges.</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>Aug</i> Day <i>25</i>	Age Years		Months <i>3</i>	Days	
Sex <i>Boy</i>	Color or Race <i>white</i>	Birth-place <i>near Nottingham</i>			
Married, Single or Widowed <i>Infant</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>George H Baden</i>			Father's Birthplace <i>Po. Ges. Co.</i>		
Mother's Maiden Name <i>Bertie Hyde</i>			Mother's Birthplace <i>Po. Ges. Co.</i>		
Name of person giving information <i>W H Hunt</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enter Colitis</i>	How long <i>105</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W H Gibbons M.D.</i>
	Address <i>Carroll</i>
Accident or Suicide?	



Name in Full

Certificate of Death

William Barker

Town

County

Died at

Croy Markers

Prince Georges

MARYLAND

Date 19

03 Aug 14

Age

Y. M. D.

65

Native of

Ga

Occupation

Labourer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

one

Husband

of

Wife

Father's

Name

May E Barker

Mother's

out know

Maiden Name

out know

Cause of

Primary

Bright's disease

How long sick

about one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

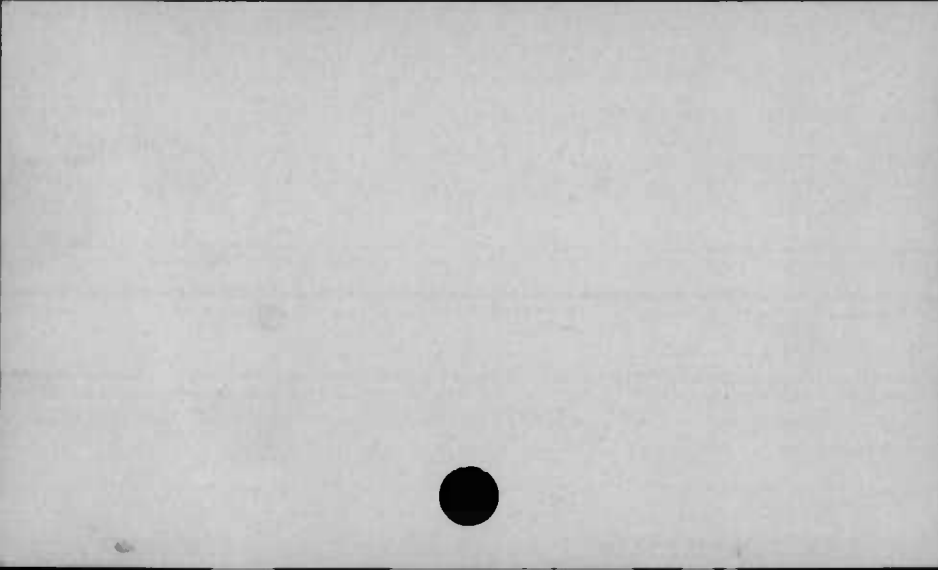
to a Fox

Address

Baltimore Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608



Name
in
Full

CERTIFICATE OF DEATH

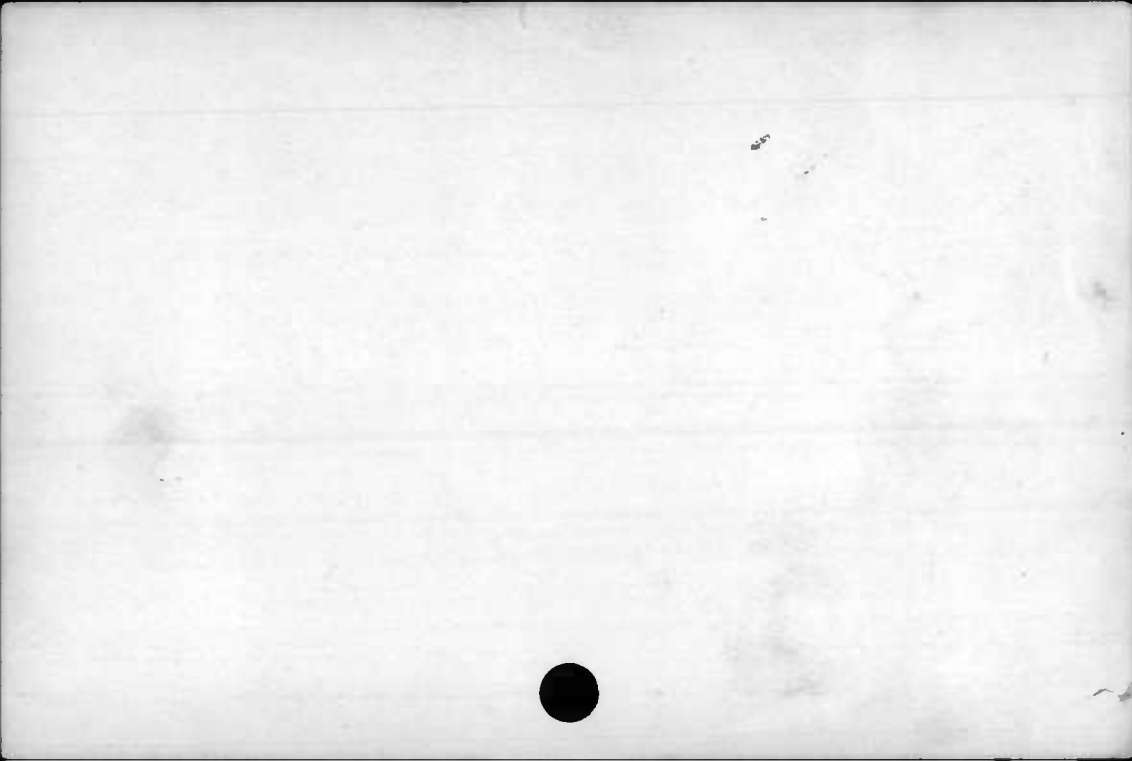
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Williams E Beane</i>		Town <i>Woodmore</i>		County <i>Prinl George</i>		MARYLAND		
Died at		Date of death 190 <i>3</i>		Month <i>Aug</i>	Day <i>11</i>	Years	Months <i>10</i>	Days <i>20</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Near Woodmore</i>				
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name <i>Wm O Beane Jr</i>				Father's Birthplace <i>Near Frederick Md</i>				
Mother's Maiden Name <i>Clara T Beane</i>				Mother's Birthplace <i>Near Marlboro</i>				
Name of person giving information <i>Wm O Beane Jr</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculous Meningitis</i>		How long <i>Four weeks</i>	
Immediate <i>—</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>28</i>		Signature of Physician <i>Maclure Cawood M.D.</i>	
		Address <i>Hall</i>	
Accident or Suicide?		<i>Maryland</i>	



Name In Full

Certificate of Death

Benjamin
 Died at *Bright Leaf* Town *Prince George* County *MARYLAND*

Date 19*03* *Aug 14* - Month *Aug* Day *14* Y. *—* M. *—* D. *—* Native of *md* Occupation *—*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ *Widower* ~~Number of children living~~

Husband of

Wife

Father's Name *J. J. Benjamin* Mother's Maiden Name *Mary R. Bain*

Cause of Death { Primary *Still Born* ~~How long sick~~
 Immediate *Still Born* ~~Accident, Suicide, Homicide~~

Reported by

Address

J. E. Samsbury
Doonville md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

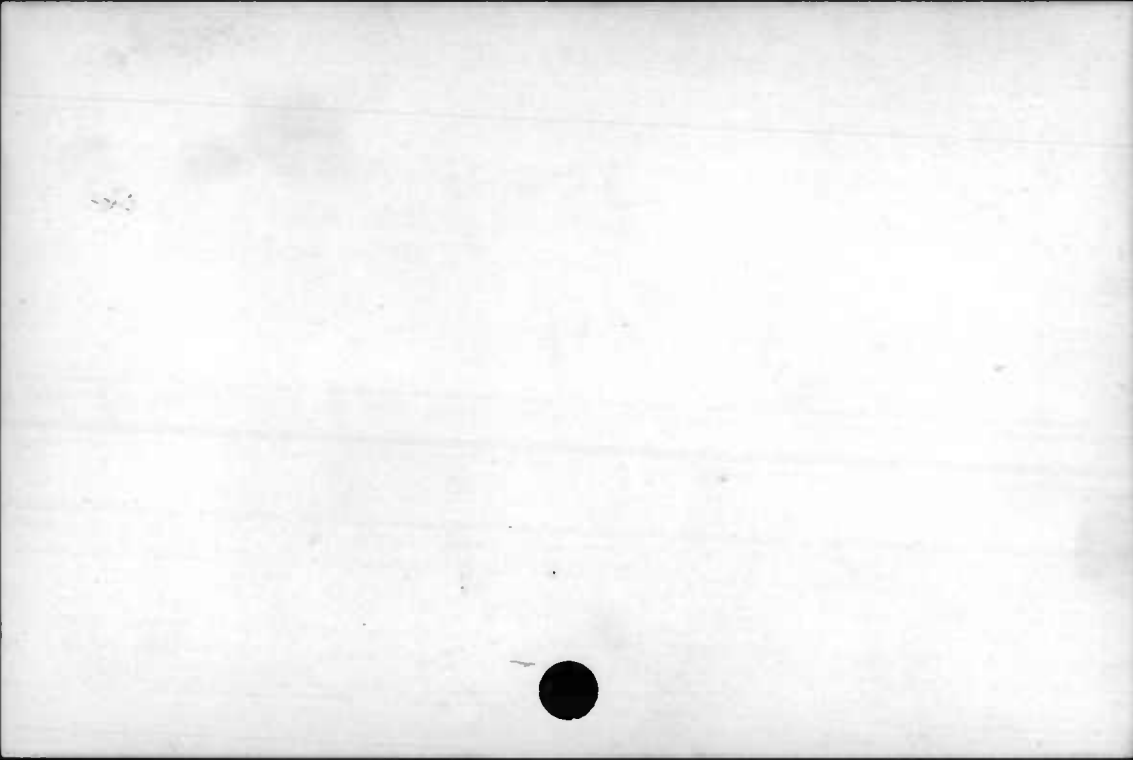
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Gousey Briscoe

CERTIFICATE OF DEATH

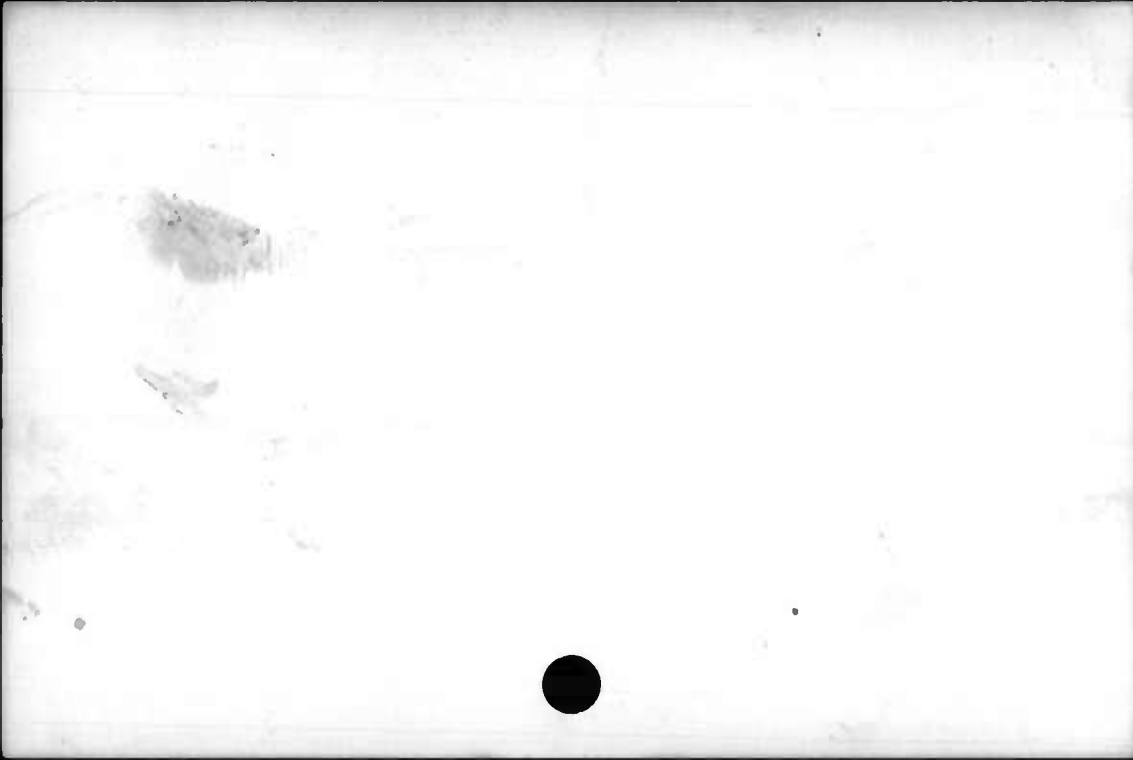
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Agnaseo</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>Aug.</u>	Day <u>28</u>	Age	Years <u>8</u>	Months <u>8</u>
Sex <u>male</u>	Color or Race <u>Colored</u>	Birth-place <u>Washington, D.C.</u>		Days	
Occupation <u>None</u>		Where Residing if not at place of death <u>Washington, D.C.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Spencer Briscoe</u>			
Father's Name <u>Spencer Briscoe</u>		Father's Birthplace <u>Maryland.</u>			
Mother's Maiden Name <u>Julia Douglas</u>		Mother's Birthplace <u>Maryland.</u>			
Name of person giving Information <u>George Douglas</u>		How related to deceased <u>Grand father.</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

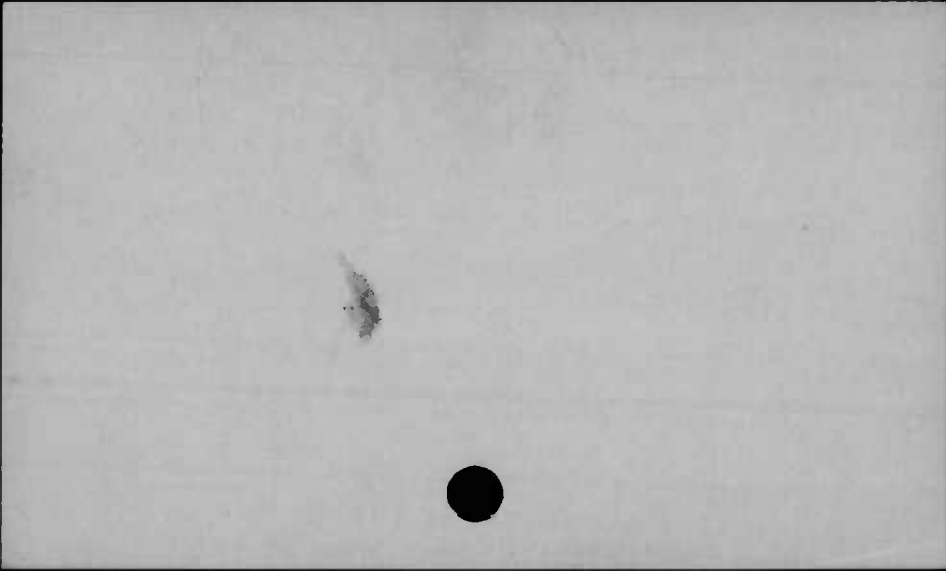
Primary <u>Obscure</u>	<u>179</u>	How long <u>Sick since birth</u>
Immediate <u>Prostration & Excessive heat</u>		How long <u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. A. Marbury M.D.</u>	
	Address <u>Agnaseo, Maryland.</u>	
Accident or Suicide? <u>No</u>		



Name in Full *Edward Bryant*
 Town *Bermin* County *Panama* State *Georgia*

Died at *Bermin* *Panama* *Georgia* *MARYLAND*
 Date *1903* Month *8* Day *14* Y. *0* M. *2* D. *12* Native of *Ind* Occupation _____
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living _____
 Husband of _____
 Wife _____
 Father's Name *George W. Bryant* Mother's Name *Ella E. Baker*
 Cause of Death { Primary *Cholera Infantum, all life* How long sick _____
 { Immediate *Weakness* 105 Accident, Suicide, Homicide _____
 Reported by *H. D. Emeryfield Ind.*
 Address *College Park*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Lorette C. Bruno				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Glenndale Prince Georges Co		MARYLAND	
		Date of death 1903		Month Aug		Day 8	
		Age 41		Years		Months	
		Sex Female		Color or Race White		Birth-place Md	
		Married, Single or Widowed		Married		Occupation Clerk	
		Name of Wife or Husband		Harry Bruno			
		Father's Name		S B Johnson		Father's Birthplace Md	
Mother's Maiden Name		Mary C. Shriver		Mother's Birthplace Md			
Name of person giving information		S B Johnson		How related to deceased		FATHER	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Parenchymatous nephritis		How long One or two weeks	
		Immediate		Effusion - ascites		How long Several days	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. M. Curall M.D.	
				Address		Springfield Md.	
Accident or Suicide?							

J William Lee

Mary S

Name
in
Full

Henry A. Butler

CERTIFICATE OF DEATH

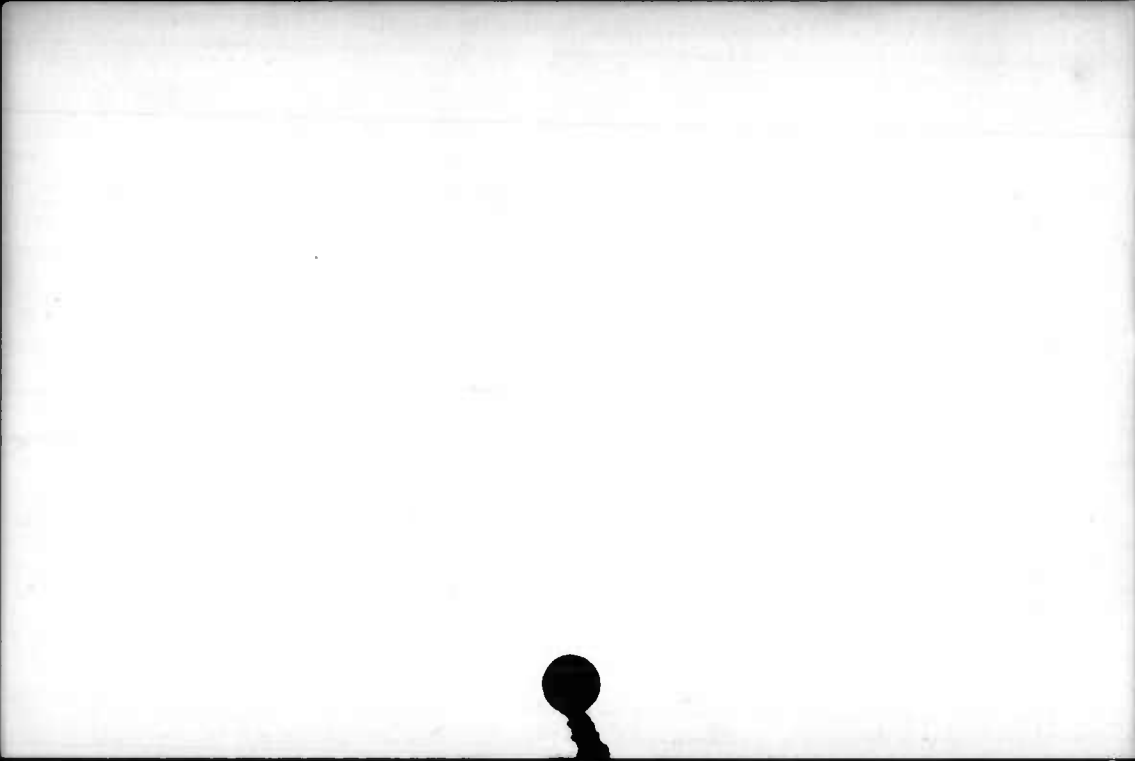
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Aug	25	91		6	
Sex	Color or Race		Birth-place				
Male			Md.				
Occupation	Where Residing if not at place of death						
Farmer							
Married, Single or Widowed	Name of Wife or Husband						
Widowed							
Father's Name	Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					
		41					

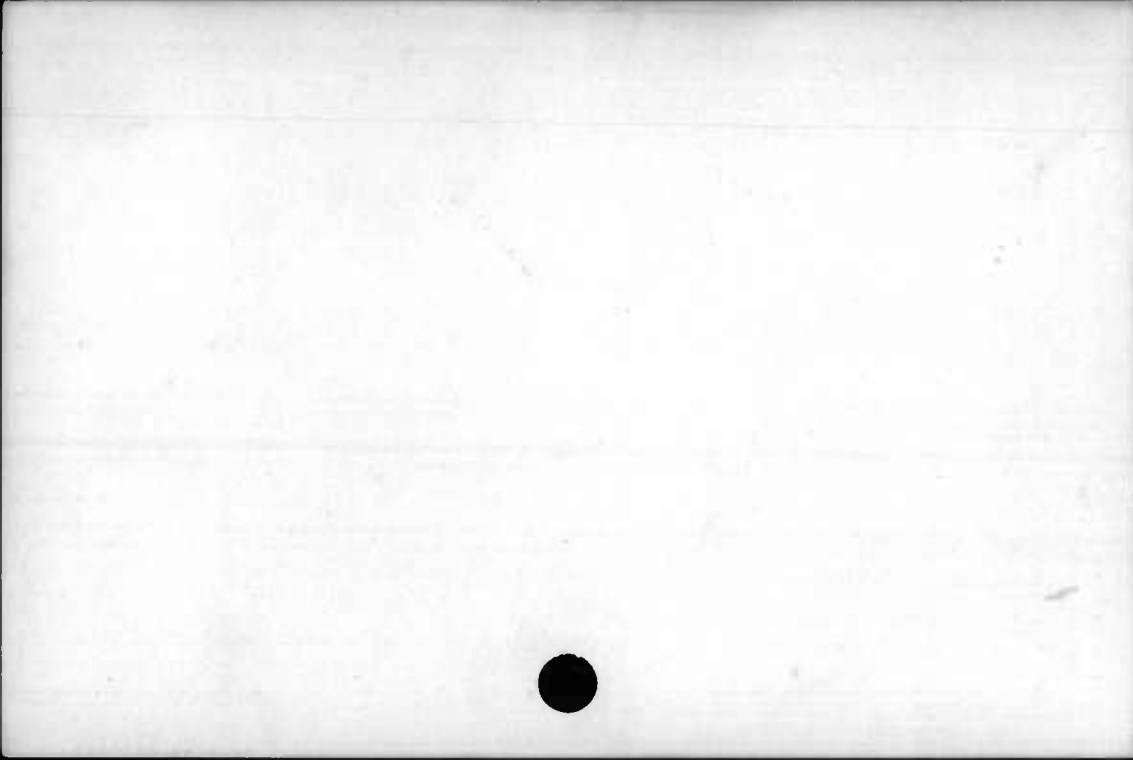
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Mesenteric Cancer	1 year
Immediate	How long
Asthenia	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	R. A. Pyles.
	Address
	Anacosta
	D. C.
Accident or Suicide?	



Name in Full		Certificate of Death			
Elijah Carter		Tcwn		County	
Died at		Baltimore		Pr. Esd	
Date of death 190		3	Month	Aug	Day
Age		90	Years	Months	Days
Sex		Male	Color or Race	Black	Birth-place
Married, Single or Widowed		Married	Occupation	Laborer	
Name of Wife or Husband		Cicily Carter			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		J. W. Ford	150	How related to deceased	Step Son
CAUSES OF DEATH					
Primary		Bright Disease		How long	4 months
Immediate		Exhaustion		How long	Sometime
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	W. J. Gibbons
				Address	Croom md.
Accident or Suicide?					



Name
in
Full

Hattie Calbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

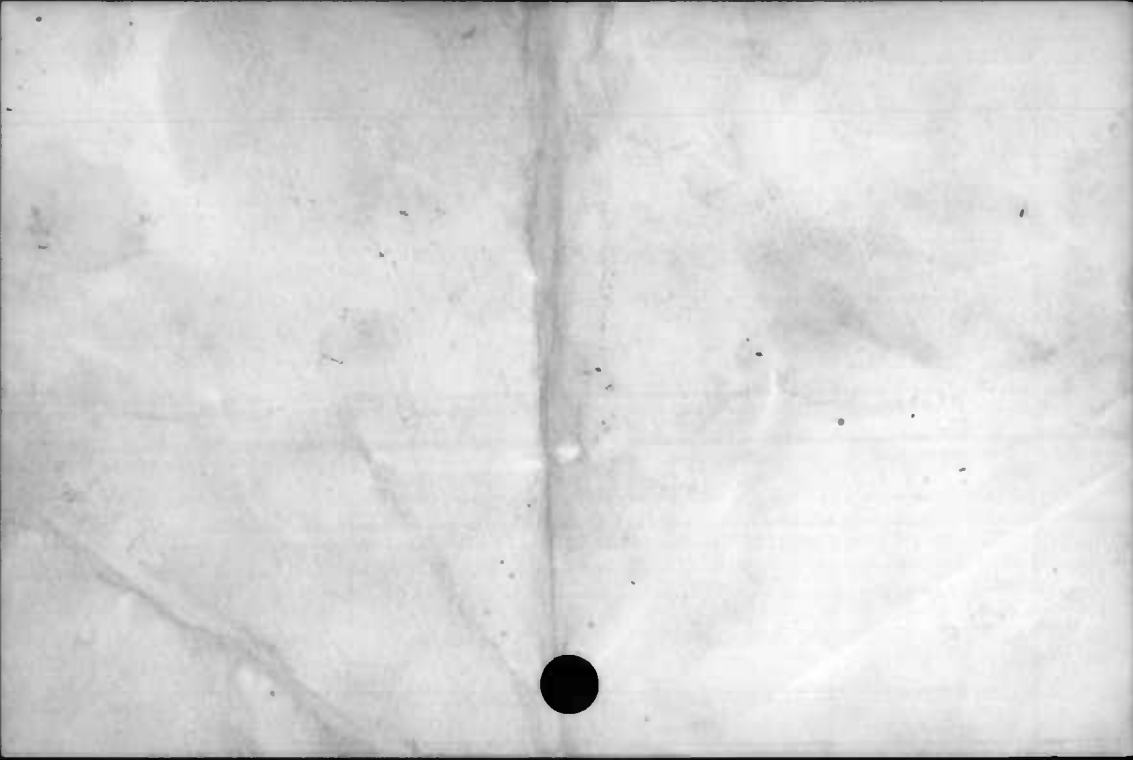
Died at 8 th St		Town Laurel		County Pr Geo		MARYLAND	
Date of death 1903		Month Aug		Day 22		Age 10	
Sex Girl		Color or Race Colored		Birth-place 8 th St - Laurel Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband Maria Calbert							
Father's Name Hatten Calbert				Father's Birthplace Charles Co			
Mother's Maiden Name Maria Robinson				Mother's Birthplace A. A. Co			
Name of person giving information D. H. Adams				How related to deceased Spouse			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

179.



Name
in
Full

Alberta Curtin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Crown* Town*Or Geo* County

MARYLAND

Date of death 190 *3* *Aug* Month

Day

Age

Years

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Crown md*Married, Single
or Widowed*Single*

Occupation

Name of Wife or
HusbandFather's
Name*Alfred Curtin, deceased*Father's
Birthplace*Or Geo*Mother's
Maiden Name*Russua Taylor*Mother's
Birthplace*" " "*Name of person giving
In formation*R.B. Seaborn*How related
to deceased*None*

CAUSES OF DEATH

Primary

Scarlet Fever

How long

one week

Immediate

Septicemia

How long

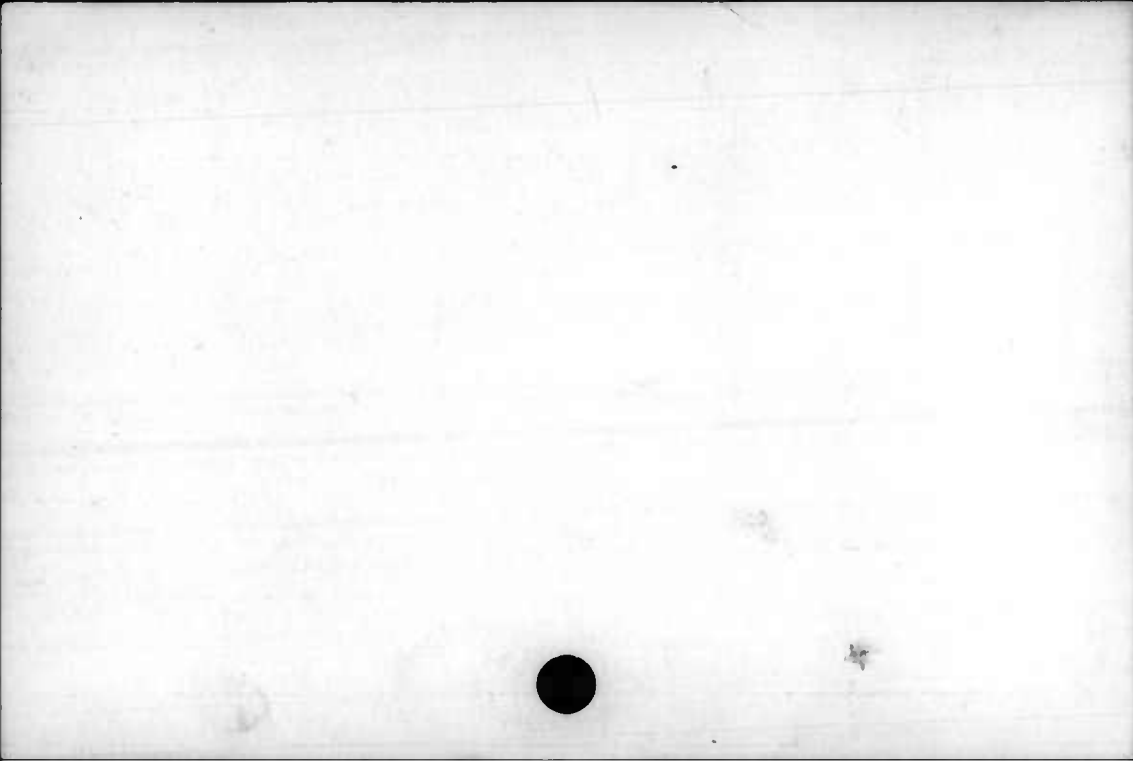
*one week*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*C.B. Seaborn*

Address

Crown md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Unnamed

CERTIFICATE OF DEATH

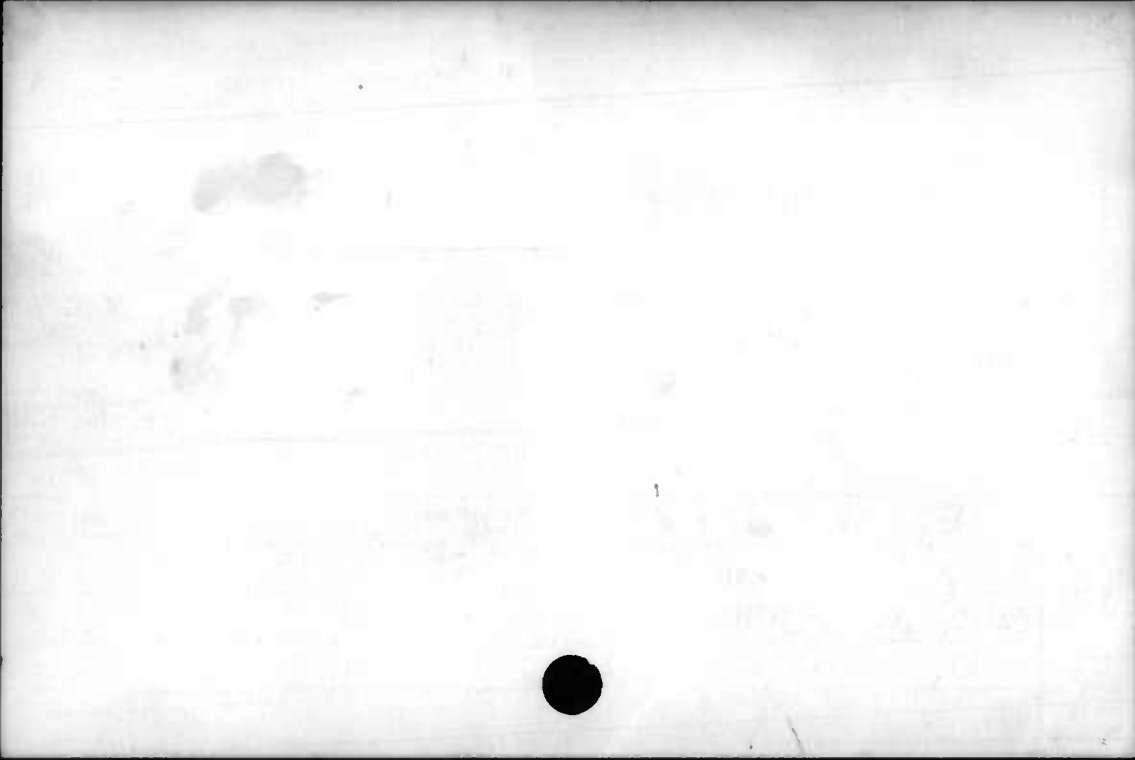
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mitchellville</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>August</u>	Day <u>13</u>	Age <u>—</u>	Years <u>—</u>	Months <u>2</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Edward Davis</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Lizzie Herbert</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>James Brown</u>			How related to deceased <u>Uncle</u>		

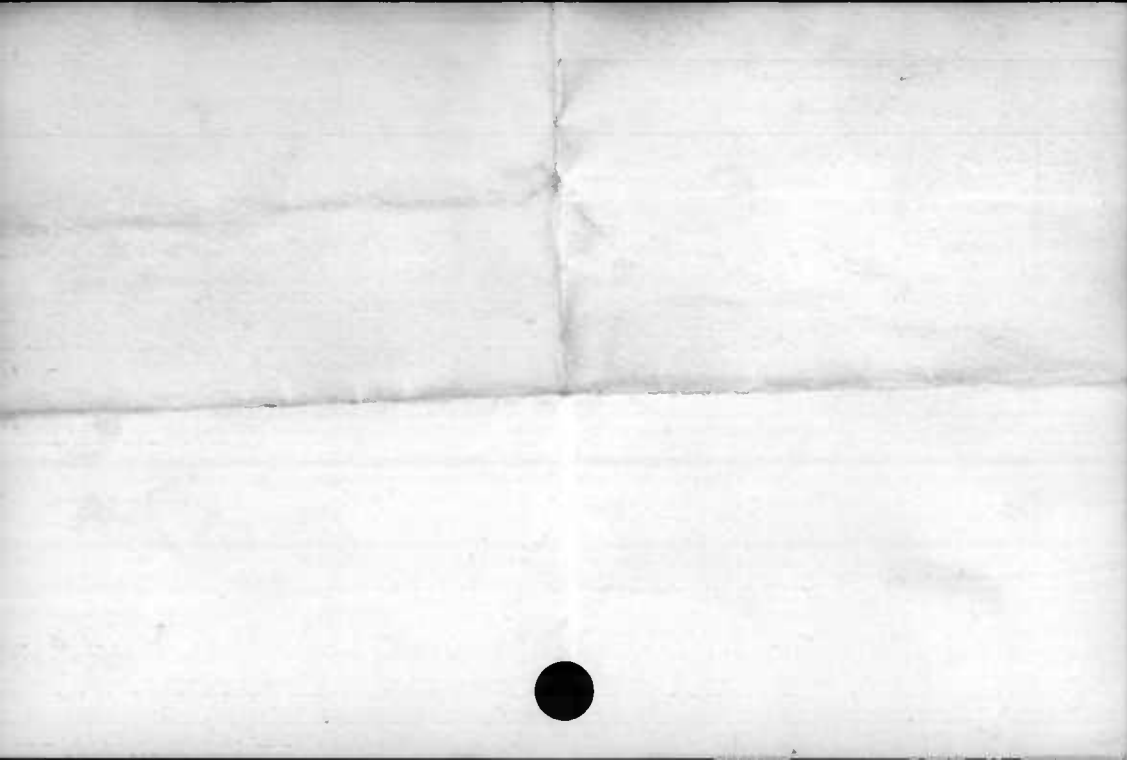
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malnutrition</u>	How long <u>151</u>	How long <u>2 mos +</u>
Immediate <u>"</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. R. Walker M.D.</u>	
	Address <u>Mitchellville Md.</u>	
Accident or Suicide? <u>—</u>		



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fiscatanaway</i> <i>Tn. Gar.</i>						MARYLAND					
		Date of death 1903		Month 8		Day 3		Age 5-2		Months		Days	
		Sex <i>Female</i>				Color or Race <i>Colored</i>				Birth-place <i>Chas. Co. Md.</i>			
		Married, Single or Widowed <i>Married</i>				Occupation <i>House-wife</i>							
		Name of Wife or Husband <i>Fanny Harrison</i>						Father's Name <i>Francis Sagan</i>					
		Father's Birthplace <i>Md.</i>						Mother's Maiden Name <i>Harriet Sagan</i>					
		Mother's Birthplace <i>Md.</i>						Name of person giving information <i>Fanny Harrison</i>					
		How related to deceased <i>Husband</i>											
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary <i>Chronic Gastritis</i>						How long <i>2 yrs.</i>					
		Immediate <i>Gastritis</i>						How long					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>						Signature of Physician <i>E. A. Smith</i>					
								Address <i>Fiscatanaway, Md.</i>					
		Accident or Suicide? <i>No</i>											



Name
in
Full

Wilber Dockett

CERTIFICATE OF DEATH

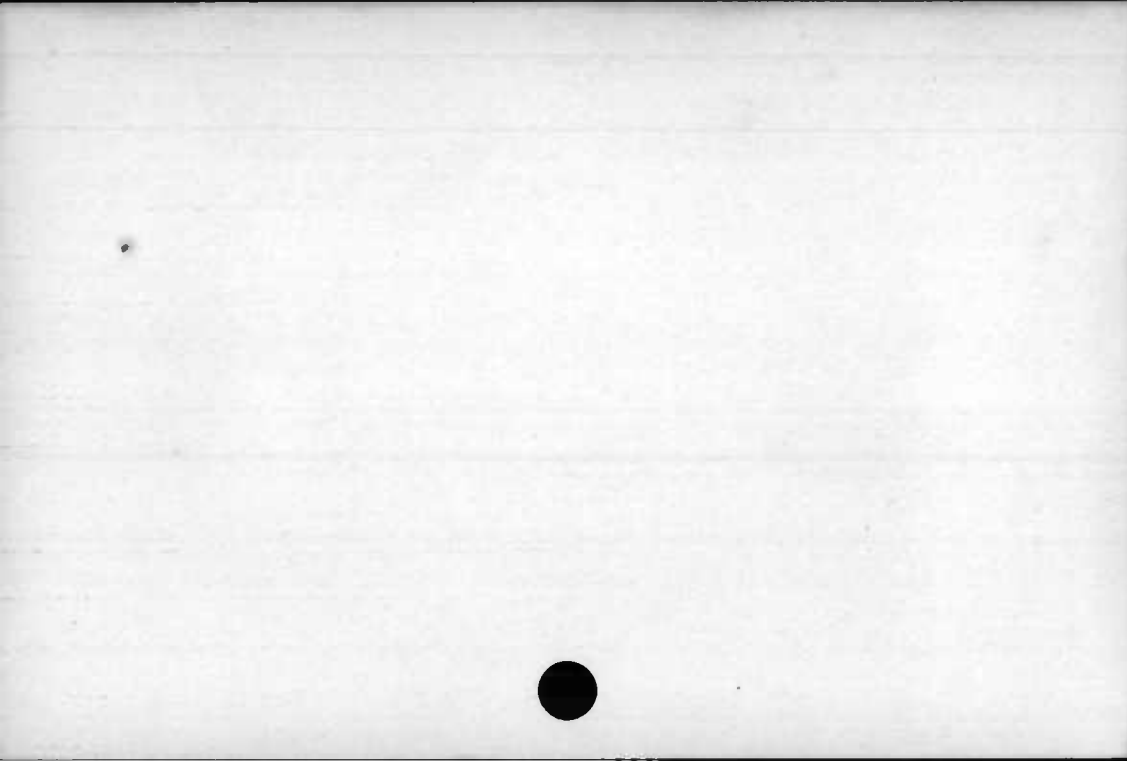
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{man} <i>Tottenham</i> ^{Town}		<i>Po. Geo.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Aug</i> ^{Month}	<i>13</i> ^{Day}	Age	<i>20</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>man Tottenham</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles Dockett</i>			Father's Birthplace <i>Po. Geo. Co.</i>		
Mother's Maiden Name <i>Phoebe Spencer</i>			Mother's Birthplace <i>Po. Geo. Co.</i>		
Name of person giving Information <i>Charles Dockett</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. H. McKee Subly</i>
	Address
Accident or Suicide?	



Name
in
Full

Francis Duckett

CERTIFICATE OF DEATH

Died at Bowie Town

County

MARYLAND

Date of death 1903 August Month

Day

18

Age

Years

1

Months

Days

Sex

FemaleColor or
RaceCaucasianBirth-
placeW. H. Co. Md.

Occupation

noneWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandnoneFather's
NameJ. H. DuckettFather's
BirthplaceW. H. Co. Md.Mother's
Maiden NameMathie GloverMother's
BirthplaceVirginiaName of person giving
InformationDr. Paul DuckettHow related
to deceasedUncle

CAUSES OF DEATH

Primary

Whooping Cough

How long

3 weeks

Immediate

Encephalitis

How long

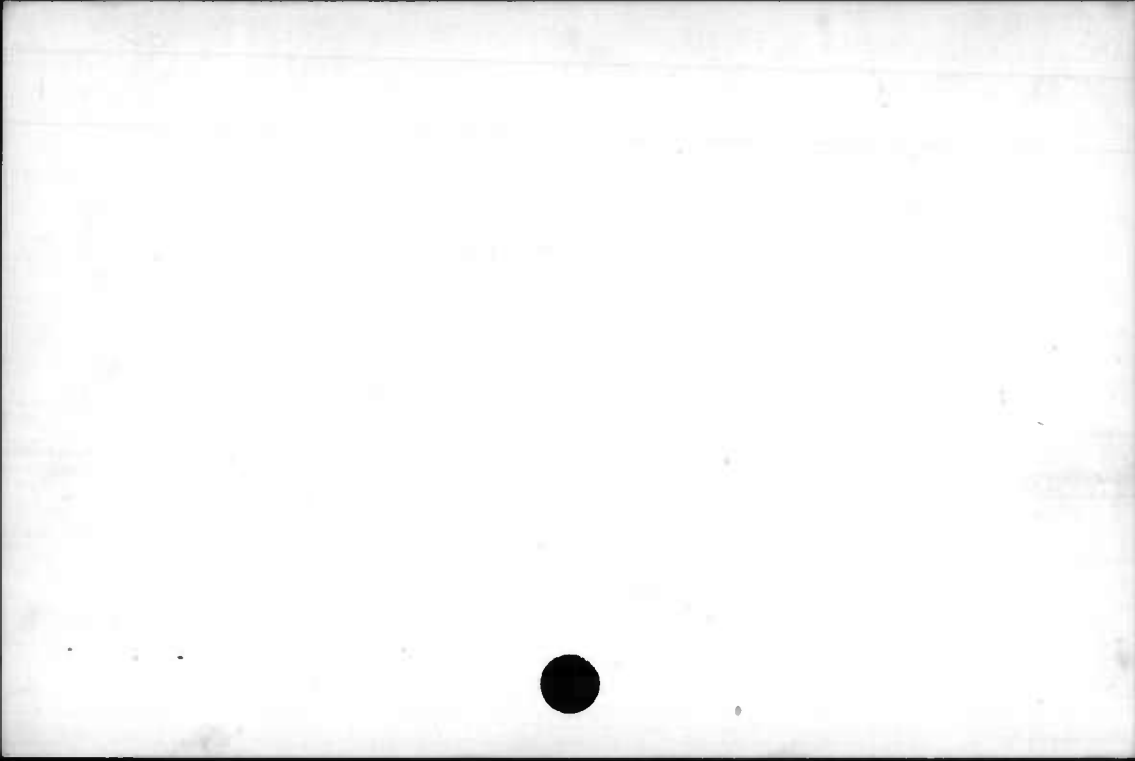
Four weeksAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

Dr. M. Marshall M.D.
Springfield Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George Fletcher

CERTIFICATE OF DEATH

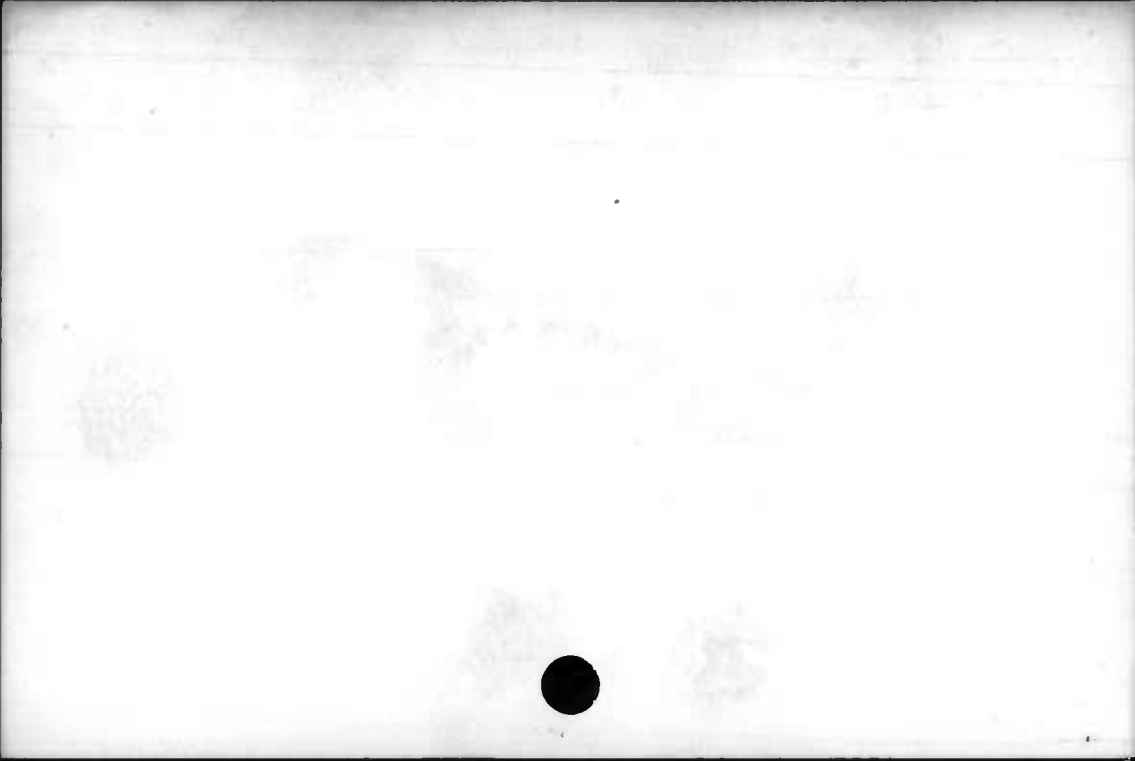
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mitchellville</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death 190	Month <u>Aug</u>	Day <u>22</u>	Years <u>22</u>	Months <u>—</u>	Days <u>17</u>
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Isaac Fletcher</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Louisa Green</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Robert Green</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>nine months</u>
Immediate <u>" 27"</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. R. Walker, M.D.</u>
	Address <u>Mitchellville, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

William A Fowler

CERTIFICATE OF DEATH

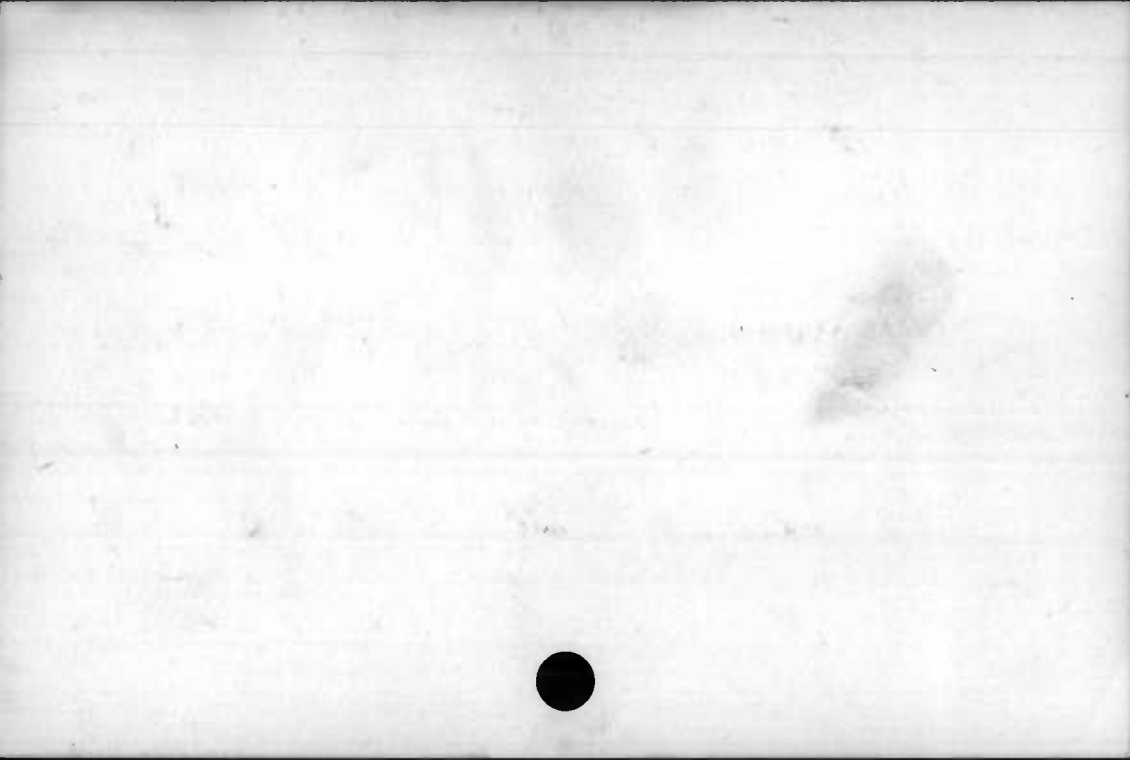
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Foreville		County		Gorge		MARYLAND	
Date of death 190		3	Aug	2	9	Age	1	Months	15
Sex		Male		Color or Race		white		Birth-place	
Married, Single or Widowed		single		Occupation					
Name of Wife or Husband									
Father's Name					Thomas Fowler				
Father's Birthplace					Md.				
Mother's Maiden Name					Sarah E Pyles				
Mother's Birthplace					Md.				
Name of person giving information					Thomas Fowler				
How related to deceased					Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Whooping Cough &		How long		6 weeks	
Immediate		Influenza & Diphtheria		How long		1 month	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John E. Claubury	
				Address		Foreville	
						Md.	
Accident or Suicide?							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

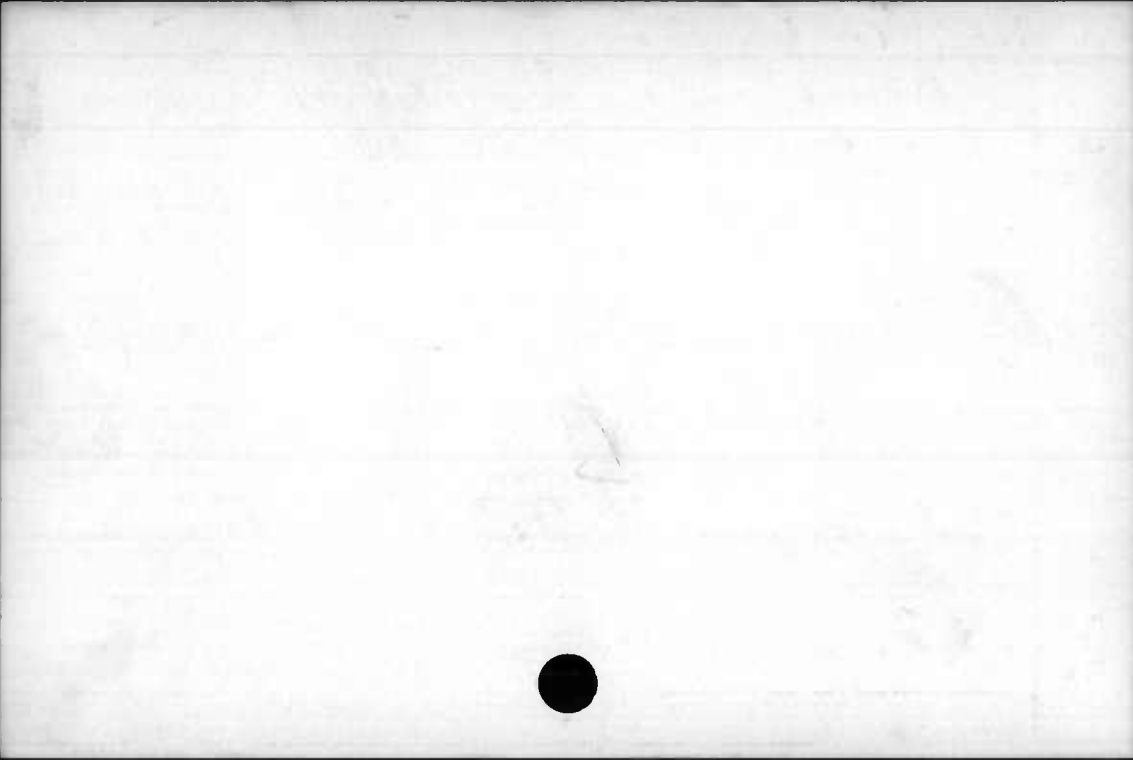
John W Gaither

CERTIFICATE OF DEATH

Died at Bowie Town		Prince Georges County		MARYLAND	
Date of death 190 3	Month Aug	Day 31	Age 62 Years	Months	Days
Sex male	Color or Race colored		Birth-place Maryland		
Married, Single or Widowed Single	Occupation Laborer of Rail Road				
Name of Wife or Husband _____					
Father's Name Thomas Busley			Father's Birthplace Maryland		
Mother's Maiden Name Raney Gaither			Mother's Birthplace Maryland		
Name of person giving Information J Richard Gaither			How related to deceased Brother		

CAUSES OF DEATH

Primary Intestinal Catarrh	How long one year
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Nelson A Ryons
	Address Bowie
Accident or Suicide?	



Name
in
Full

Charlotte Gross

CERTIFICATE OF DEATH

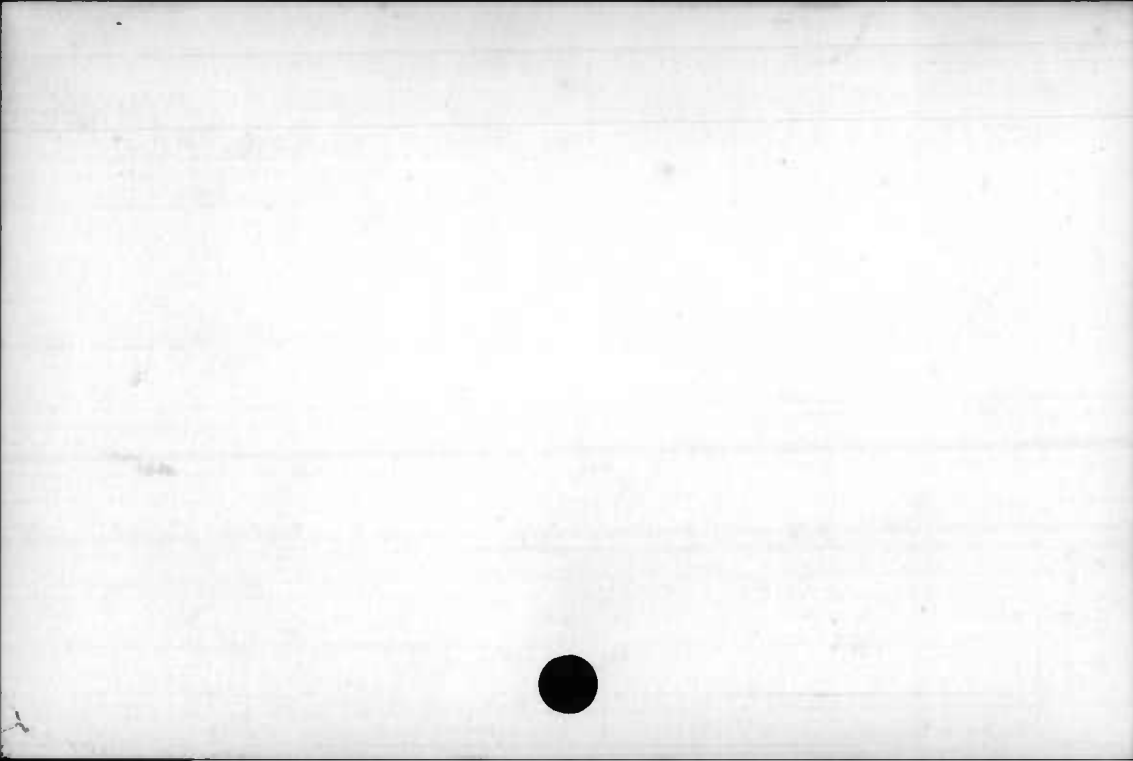
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Croom</u> Town		<u>PLS</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>24</u>	Age <u>70</u>	Months	Days
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place	
Married, Single or Widowed <u>Widowed</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <u>Henry Hunsin</u>				How related to deceased <u>None</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	<u>93</u>	How long <u>3 day</u>
Immediate <u>Asthenia</u>		How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. H. Tibbels</u>
		Address <u>Croom Md</u>
Accident or Suicide?		



Name in Full		Tcwn				County		CERTIFICATE OF DEATH	
Isaac Graves		Woodville		Pr. Georges		MARYLAND			
Died at		Date of death 1903		Month Aug		Day 14		Age —	
Sex Male		Color or Race Colored		Birth- place Woodville Md		Months 11		Days —	
Married, Single or Widowed		Occupation		—					
Name of Wife or Husband		—							
Father's Name		Elizabeth Graves				Father's Birthplace Woodville Md			
Mother's Maiden Name		Eliza Reeder				Mother's Birthplace Woodville Md			
Name of person giving In formation		Elizabeth Graves				How related to deceased None			
CAUSES OF DEATH									
Primary		Gastritis 105				How long one month			
Immediate		Inflammation				How long Same			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician H. Morton Bowser			
						Address Aquasco Md			
Accident or Suicide?									



Name
in
Full

Mary H. Hall

CERTIFICATE OF DEATH

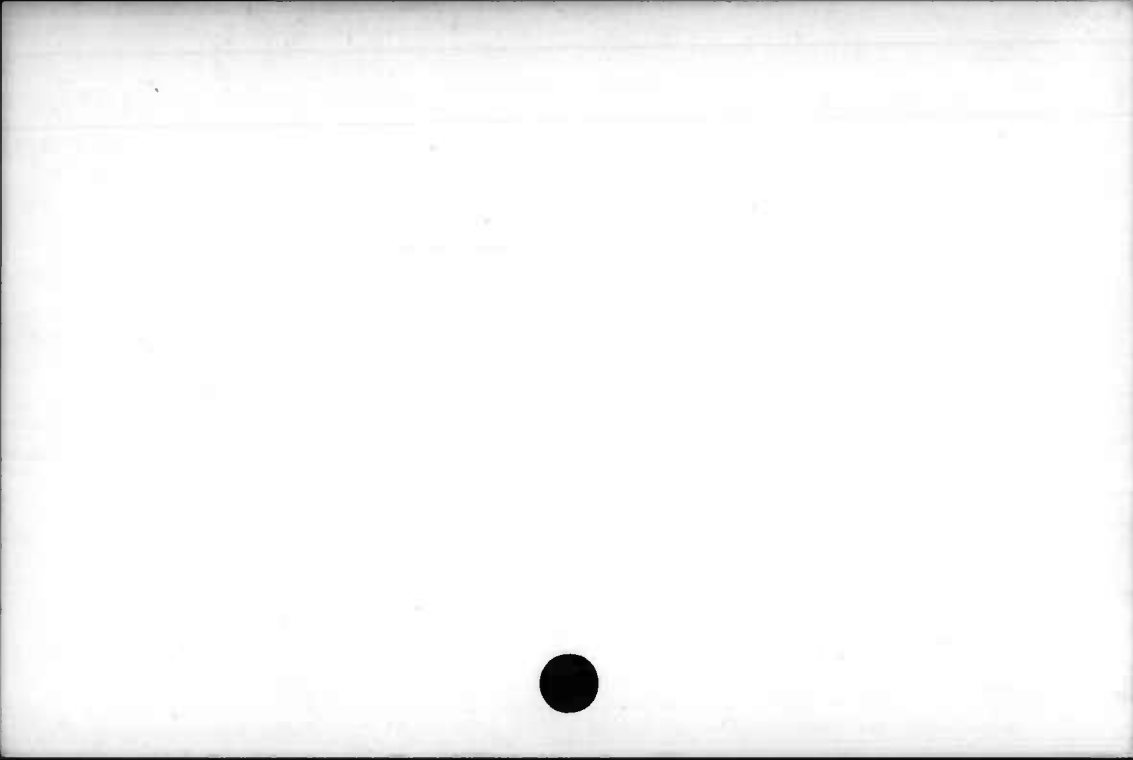
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Milledwood</u> <small>Town</small>		<u>P.R. Co</u> <small>County</small>		MARYLAND	
Date of death	<u>1903</u>	Month	<u>Aug</u>	Day	<u>11</u>
Age		<u>—</u>		Months	<u>4</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Milledwood</u>
Occupation	<u>—</u>				
Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed		Name of Wife or Husband			
<u>—</u>		<u>—</u>			
Father's Name		<u>Frank Hall</u>		Father's Birthplace	
<u>—</u>		<u>—</u>		<u>P.R. Co</u>	
Mother's Maiden Name		<u>Pumphrey</u>		Mother's Birthplace	
<u>—</u>		<u>—</u>		<u>P.R. Co</u>	
Name of person giving Information		<u>David Pumphrey</u>		How related to deceased	
<u>—</u>		<u>—</u>		<u>Grandfather</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gastroenteritis</u>	How long	<u>3 mo</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>D. Giffeth</u>	
		Address	
		<u>Upper Marlboro</u>	
Accident or Suicide?		<u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

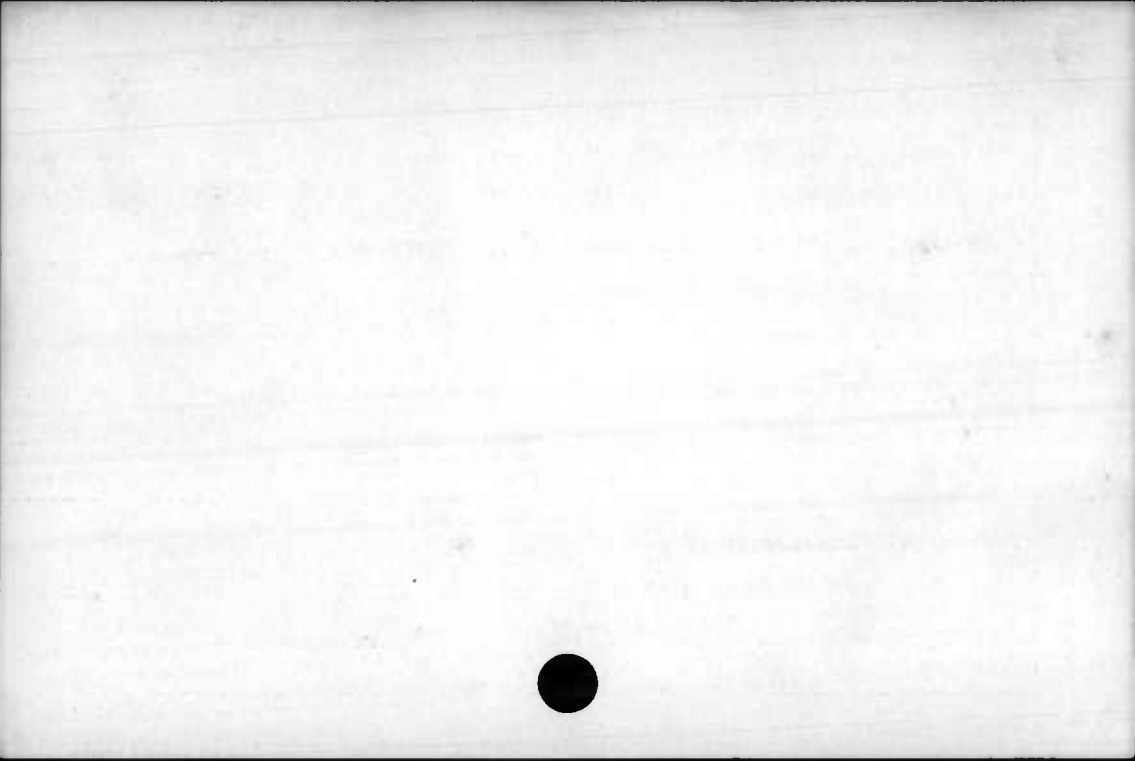
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Sarah Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Murkirk</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 1903	<i>Aug</i> ^{Month}	<i>16</i> ^{Day}	Age <i>16</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Virginia</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Servant</i>		
Name of Wife or Husband <i>Isaac Harris</i>					
Father's Name <i>Isaac</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Susan Bell</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Wm Burgess</i>			How related to deceased <i>Stepfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>one year</i>
Immediate <i>Ascheimia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.F. Taylor</i>
	Address <i>Laurel Rd</i>
Accident or Suicide?	

Buried on the 18th - near at
Pleasant Grove

Name in Full

Certificate of Death

Edward Stone Hawkins

Town

County

Died at

Brawyn

Prince George

MARYLAND

Date 1903

Month Day

Aug. 14

Y.

M.

D.

Native of

Occupation

Age

-

2

-

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

25 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary Hees.

Town

County

Died at

Bellevue

Prince Georges MARYLAND

Date 19

Month Day

Aug 25

Age

70 -

Y. M. D.

Native of

Ma

Occupation

Housewife

~~Male~~

Female

~~White~~

Colored

Married

Single

~~Widow~~

Widower

~~Divorced~~

Number of children living

Husband

William Hees

Father's

Name

out know

Mother's

Maiden Name

out know

Cause of

Primary Consumption Tuber

Death

Immediate Thursday

How long sick

4 years

Accident, Suicide, Homicide

Reported by

C. A. Fox

Address

29 Bellevue

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lorothy Elizabeth John

Died at Hyattsville Pr. Geo.

MARYLAND

Date 189 1903 aug 4 4
 Month Day Y. M. D. Age 40
 Cause of Death Ap
 Sex Female Race White Marital Status Married Previous Marriages None
 Occupation None

Husband
of
Wife

Father's Name John F John Mother's Name Blanch V John
 Cause of Death { Primary Iles Colitis How long sick 1 mo week
 Death { Immediate Exhaustion 105 Accident, Suicide, Homicide

Reported by G A Richardson

Address Hyattsville
 Signature [Signature]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name In Full

Certificate of Death

Fassie Rebecca Lockett
 Town *Sandover* County *Pr Geo Co.* MARYLAND

Died at *Sandover* *Pr Geo Co.* MARYLAND
 Date 19 *03* *Aug* *1* Month Day Y. M. D. Age *3* *3*
 Native of *Maryland* Occupation _____
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Divorced~~
 Number of children living _____

Husband of _____

Wife _____

Father's Name *Lam Lockett* Mother's Name *Katie Ford*
 Maiden Name *Lockett*

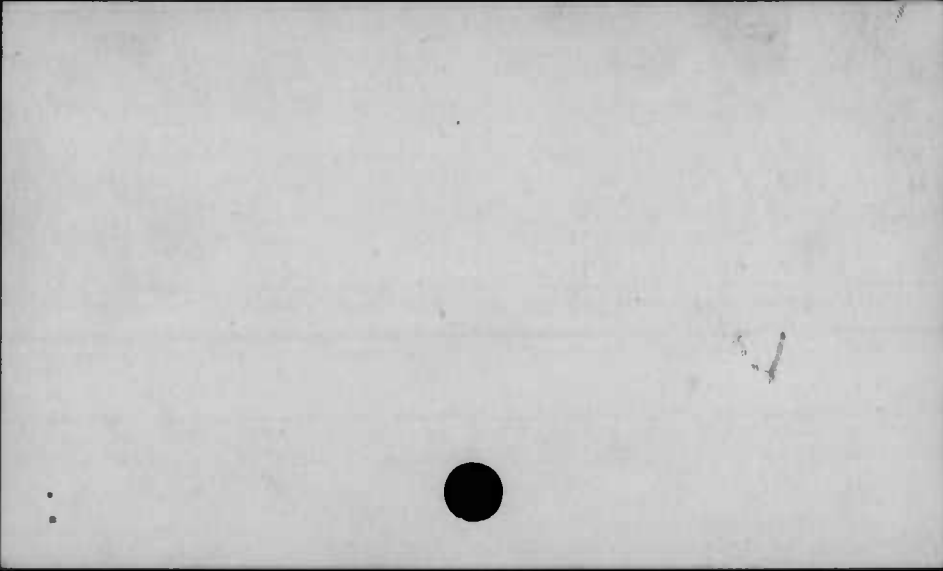
Cause of Death { Primary *milk colic* How long sick *3 hours*
 Immediate ~~4th~~ 179

Death { Immediate ~~4th~~ 179 Accident, Suicide, Homicide _____

Reported by *Charles Smith* *F. Gasch*

Address *Sandover PO* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alvin Mc Cann

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 16

Age

36-8-4

Maryland

Teacher

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Patrick Mc Cann

Maiden Name

Mary Ann Sharr

Cause of

Primary

Consumption Lungs
and Throat

How long sick

2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

27

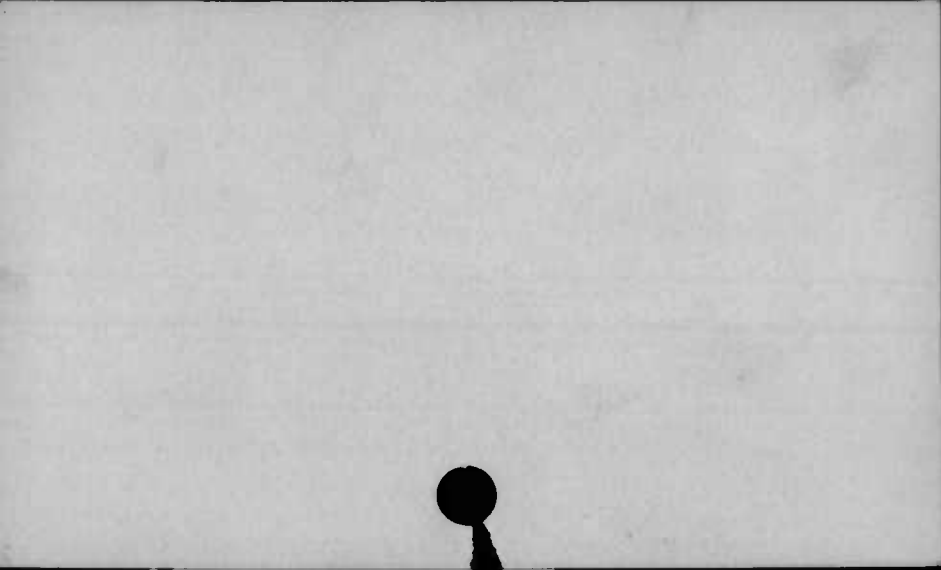
C. A. Fox

Address

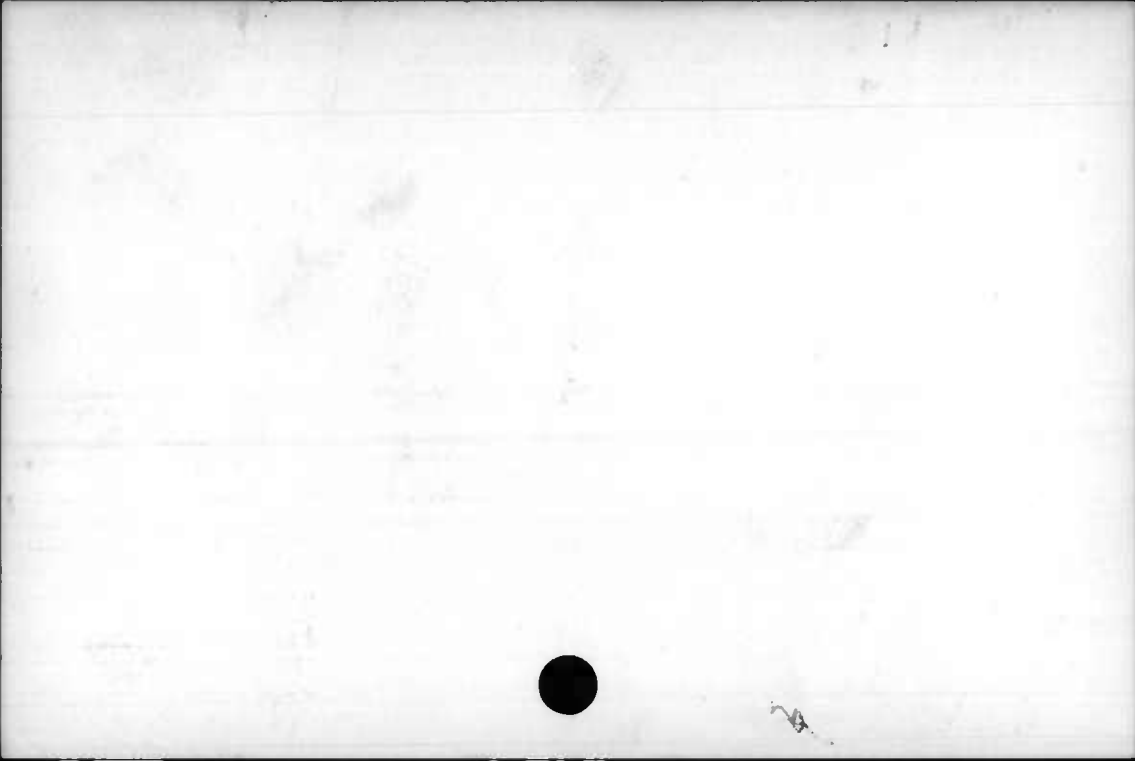
Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998



Name in Full		Joseph C Mallouee				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Laurel</i>		County <i>Prince Georges</i>		MARYLAND		
		Date of death 1903		Month <i>Aug</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto.</i>		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name <i>Leonard Mallouee</i>		Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Margaret Houston</i>		Mother's Birthplace <i>Md</i>						
Name of person giving information <i>John P. Harris</i>		How related to deceased <i>not at all</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Malnutrition</i>				How long <i>since birth</i>		
		Immediate <i>Eclampsia</i>				How long <i>—</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>W. F. Taylor</i>		
						Address <i>Laurel Md</i>		
		Accident or Suicide? <i>—</i>						



Name
in
Full

Mardcai Smith Plummer

CERTIFICATE OF DEATH

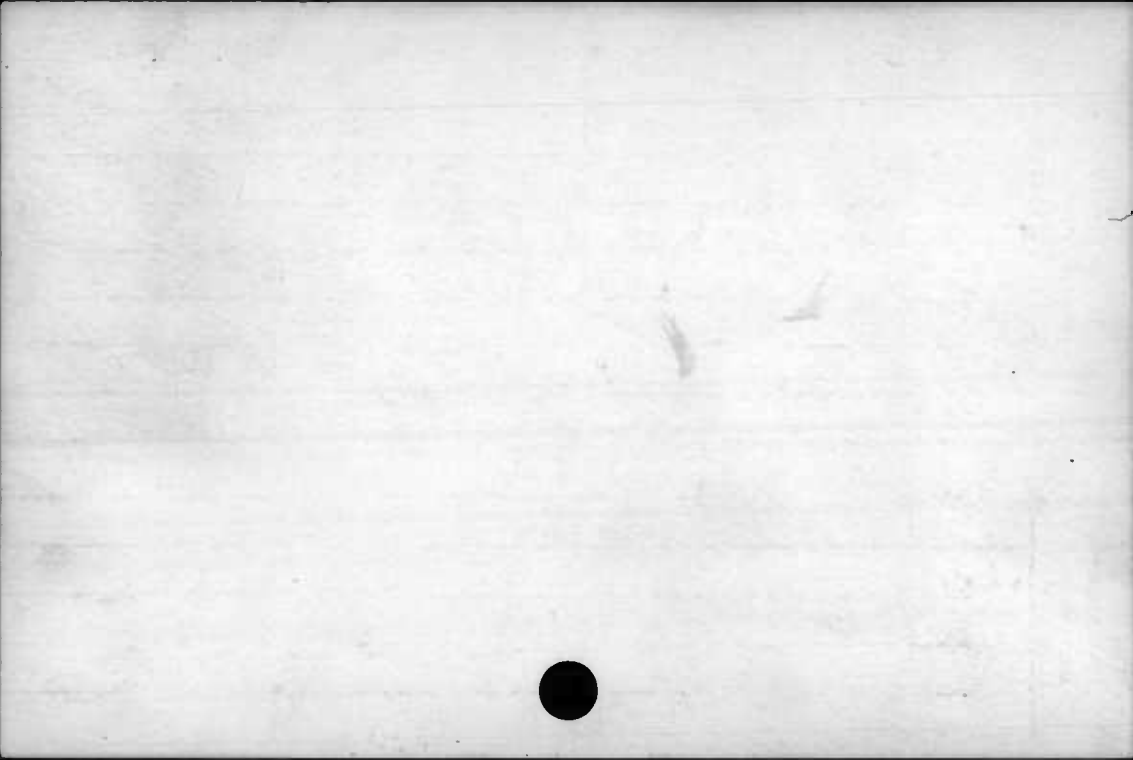
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glenn Dale</i> Town		<i>Prince George's</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>3rd</i>	Age	Years <i>6</i>	Months <i>8</i> Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Glenn Dale, Md.</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>M. S. Plummer</i>			Father's Birthplace <i>Baltimore Md.</i>		
Mother's Maiden Name <i>Marquette V. Marotti</i>			Mother's Birthplace <i>Baltimore Md.</i>		
Name of person giving information <i>M. S. Plummer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diarrhoea</i>	How long	<i>Three weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. J. Magruder</i>	
		Address <i>Glenn Dale, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Elizabeth Proctor

CERTIFICATE OF DEATH

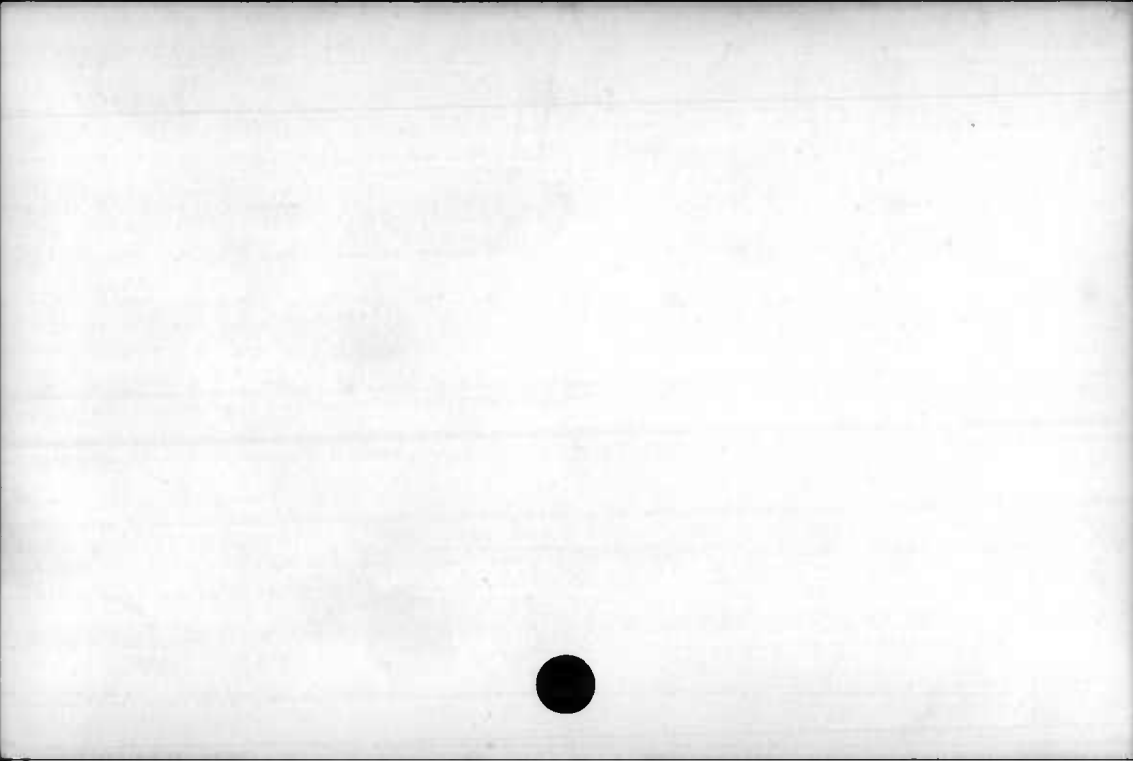
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nuttingham</i>		Town <i>Or Geo</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>1</i>	Years <i>33</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>Yellow</i>		Birth-place <i>Charles Co</i>				
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or Husband <i>George Proctor</i>							
Father's Name <i>John Savoy</i>		Father's Birthplace <i>Chas Co</i>					
Mother's Maiden Name <i>Joanna Proctor</i>		Mother's Birthplace <i>Chas Co</i>					
Name of person giving information <i>Stanly Proctor</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>3 or 4 years</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Tibbous</i>
	Address <i>Crown and</i>
Accident or Suicide?	



Cornelia Redman

near ^{Town} Bladenbury

County

Prince George's

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Aug 28

Age

17

9

Ph's Co. Md

Housekeeper

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Lewis Redman

Mother's

Maiden Name

Anora Barton

Cause of

Primary

Subcutaneous Tuberculosis

How long sick

1 year

Death

Immediate

Dropsy

29

~~Accident, Suicide, Homicide~~

Reported by

L. Perry

Address

Hyattsville

Prince George's Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Ross

CERTIFICATE OF DEATH

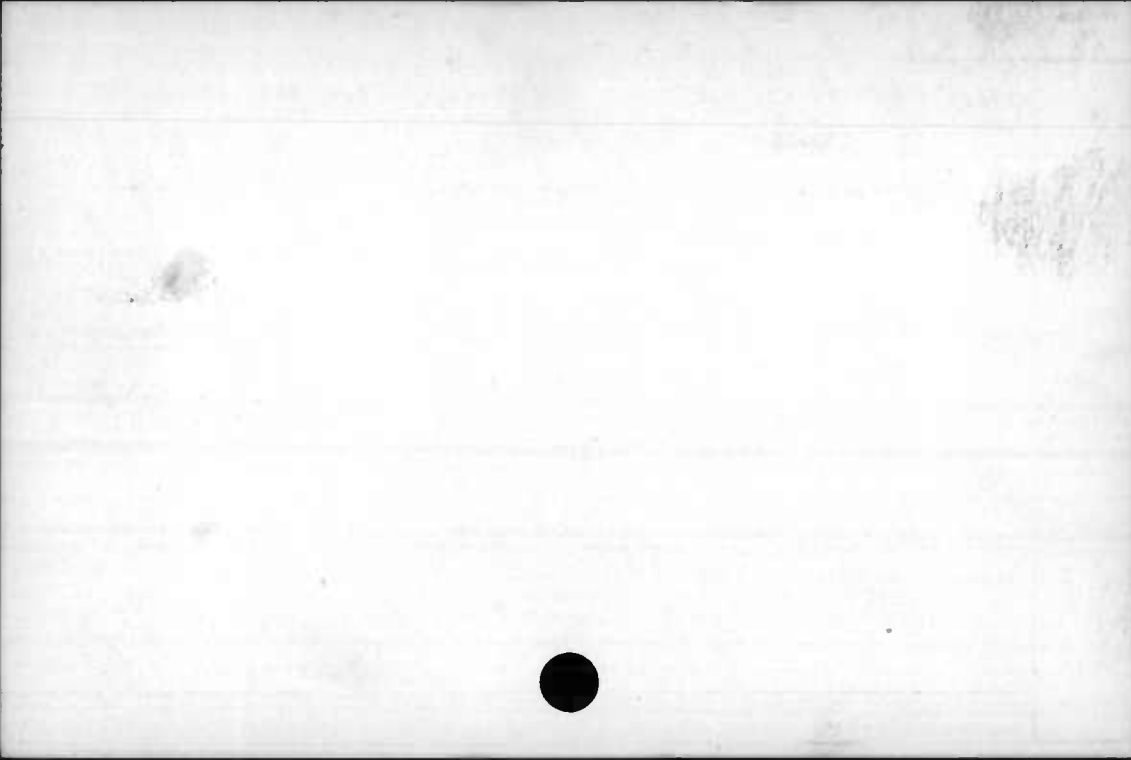
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Bowie</i>		Town <i>Bowie</i>		County <i>Prince George's</i>		MAYLAND	
Date of death 190 <i>3</i>		Month <i>Aug</i>		Day <i>27</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Bowie</i>		Months	
Married, Single or Widowed <i>Single</i>		Occupation <i>[Signature]</i>				Days	
Name of Wife or Husband <i>[Signature]</i>							
Father's Name <i>Peter Ross</i>		Father's Birthplace <i>Prince George's Ind</i>					
Mother's Maiden Name <i>Bertie Cunningham</i>		Mother's Birthplace <i>Prince George's Co Ind</i>					
Name of person giving information <i>Mother</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>2 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Nelsmd Ryan</i>	
		Address <i>Bowie</i>	
Accident or Suicide?		<i>Ind</i>	



Name
in
Full

Stella Ross

CERTIFICATE OF DEATH

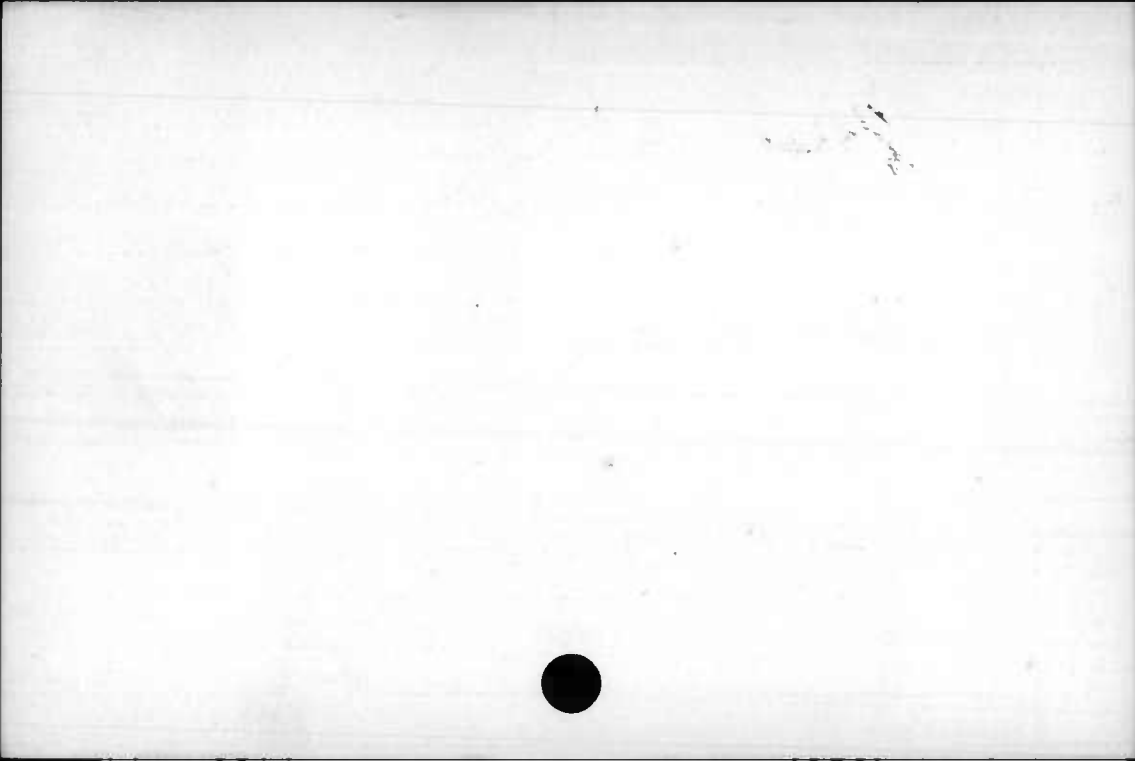
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> <small>Town</small>		<u>Prince Georges</u> <small>County</small>		MARYLAND	
Date of death 1903	<u>Aug</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age	<u>5</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u></u>			
Name of Wife or Husband <u></u>					
Father's Name <u>Peter Ross</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Bertie Cummel</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Peter Ross</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Whooping Cough.</u>	How long	<u>2 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Nelson A. Ryan M.D.</u>
		Address	<u>Bowie</u>
			<u>Ind</u>
Accident or Suicide?			



Name
in
Full

Mary M. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

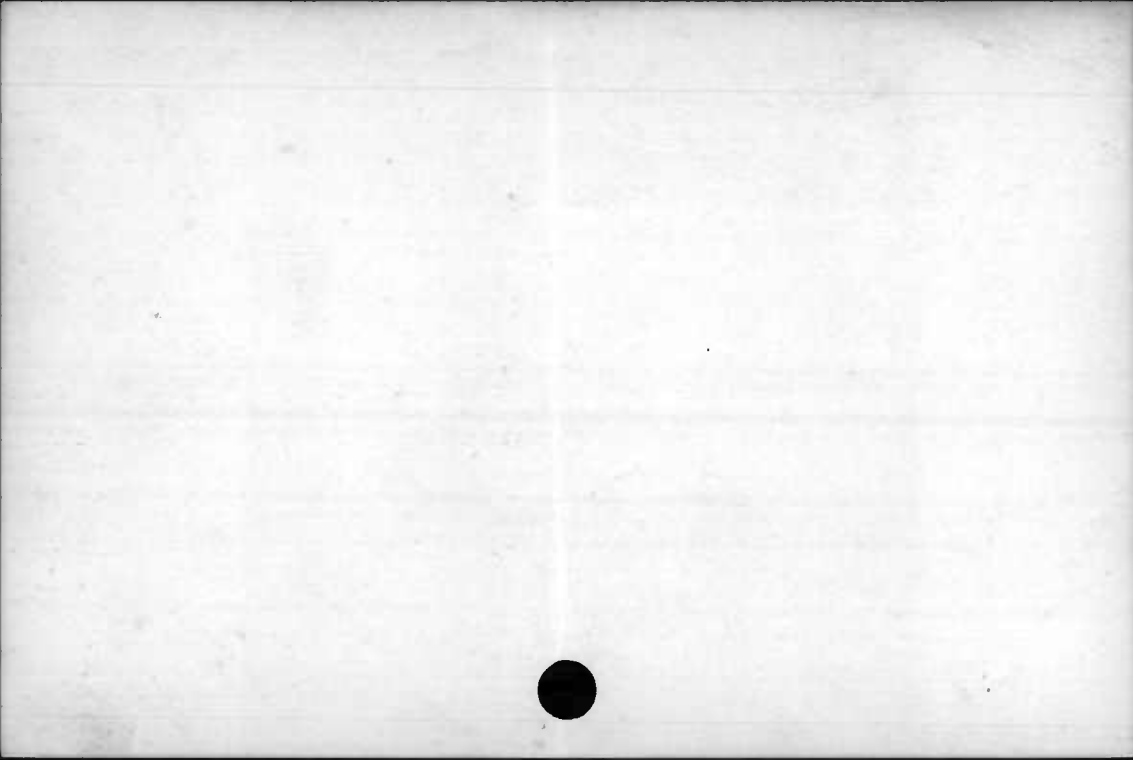
MARYLAND

Died at <i>Pr</i>		County <i>Sec</i>			
Date of death 190 <i>3</i>		Month <i>8</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Friendly Md</i>	Months <i>9</i>
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George Smith</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Martha Ford</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>George Smith</i>			How related to deceased <i>Father</i>		

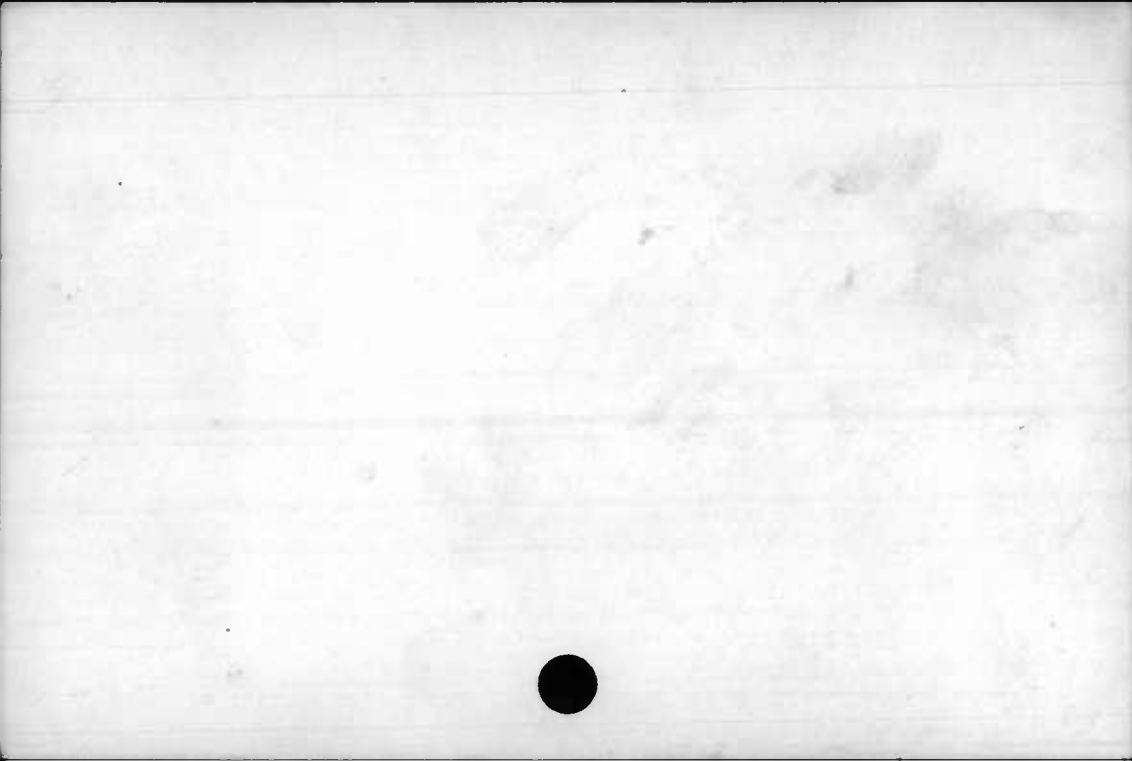
CAUSES OF DEATH

PHYSICIAN
OR CORONER

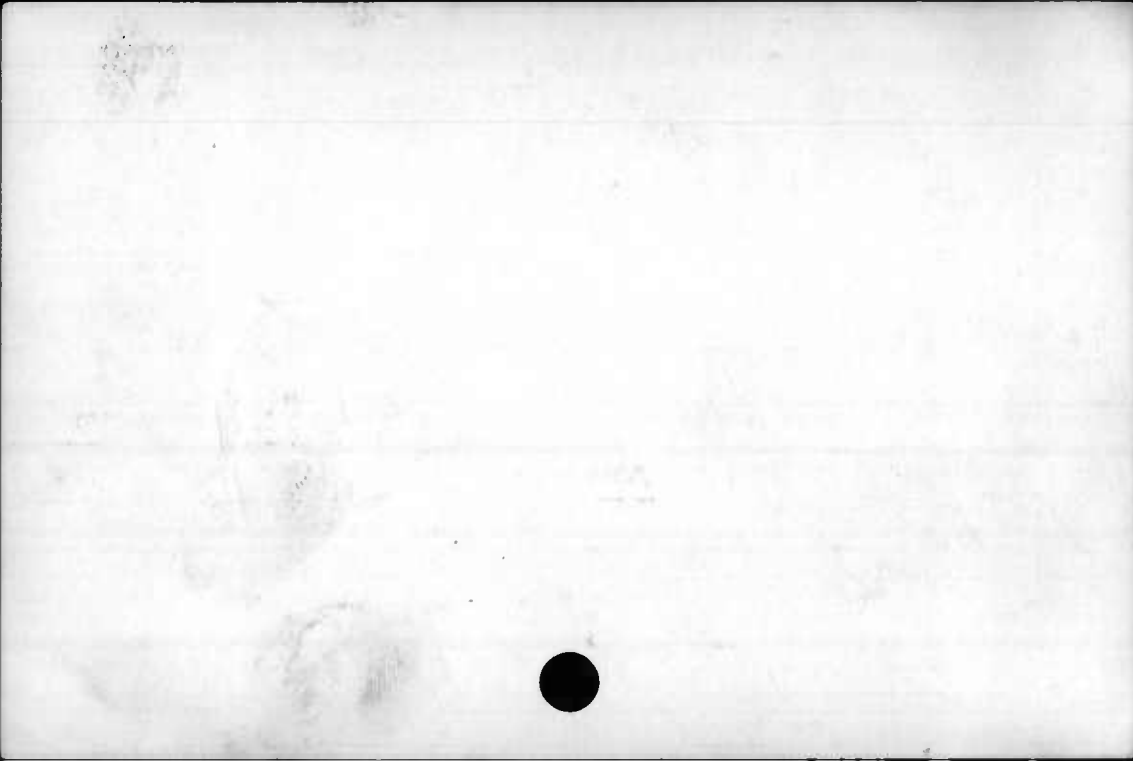
Primary <i>Marasmus</i>	How long <i>7 weeks</i>
Immediate <i>Emaciation & Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Simpson M.D.</i>
	Address <i>Rosecroft Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Westphalia</i>		County <i>Prince George</i>		MARYLAND		
		Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>15</i>	Age <i>2</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Washington D.C.</i>		
		Married, Single or Widowed <i>single</i>		Occupation <i>—</i>				
		Name of Wife or Husband <i>—</i>						
		Father's Name <i>Frank Trapman</i>			Father's Birthplace <i>md</i>			
		Mother's Maiden Name <i>Susan Allen</i>			Mother's Birthplace <i>md</i>			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information <i>Robert Allen</i>		<i>105</i>		How related to deceased <i>Uncle</i>		
		CAUSES OF DEATH						
		Primary <i>Inflammatory Diarrhoea</i>		How long <i>10 days</i>				
		Immediate <i>Spinal trouble</i>		How long <i>3 days</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John E. Dawson</i>				
				Address <i>Forestville md</i>				
		Accident or Suicide? <i>Neither</i>						



Name in Full		Mancelus Washington				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died ^{near} ^{Town} Westwood	^{County} Prince George		MARYLAND				
	Date of death 1903	Month Aug.	Day 29	Age 53	Months	Days		
	Sex Male	Color or Race Colored		Birth-place Chas Co.				
	Married, Single or Widowed Married	Occupation Farmer						
	Name of Wife or Husband Ellen Langford							
	Father's Name Hillary Washington				Father's Birthplace Chas Co.			
	Mother's Maiden Name Ann Broman				Mother's Birthplace Chas Co.			
Name of person giving information Robert E. Washington				How related to deceased Son				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Severe injury			How long 7 days				
	Immediate Shock			How long Suddenly				
	Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician W. H. Gibbons M.D.				
				Address Croom Md.				
Accident was ?								



Name
in
Full

John Francis Wells

CERTIFICATE OF DEATH

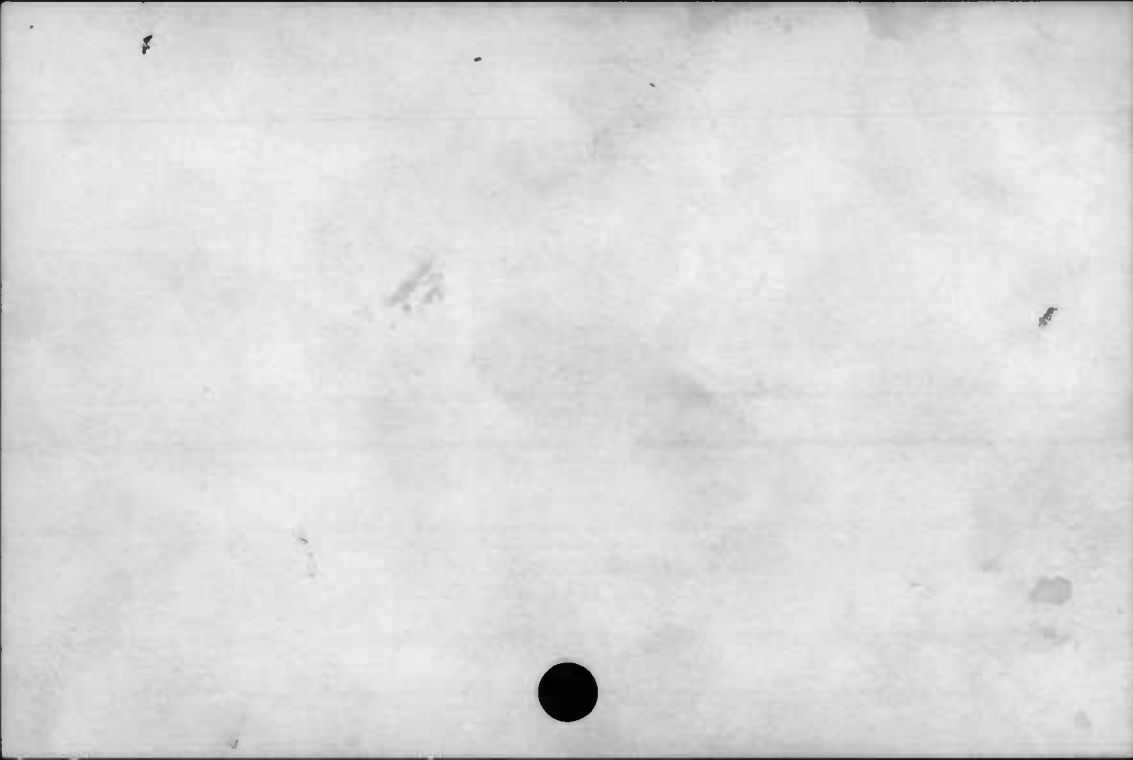
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seeland</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3 Aug</i> <small>Month</small>	<i>20</i> <small>Day</small>	Age <small>Years</small>	<i>2</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>B</i>		Birth-place <i>Seeland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>144</i>					
Father's Name <i>John Wells</i>			Father's Birthplace <i>A.A. County</i>		
Mother's Maiden Name <i>Katharine Stewart</i>			Mother's Birthplace <i>A.A. County</i>		
Name of person giving Information <i>Katharine Wells</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Manummary Abscess</i>	How long <i>One week</i>
Immediate <i>Peritonitis & Septic infection</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Maclane Caswood Jr</i>
<i>Yes</i>	Address <i>Halls, Md.</i>
Accident or Suicide?	



Name in Full		Sallie Williams						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Brookland			County Prince George's			MARYLAND	
	Date of death 1903	Month 8	Day 14	Age	Years 42	Months	Days		
	Sex	female		Color or Race	colored		Birth-place	Prince George's Co. Md.	
	Married or Widowed				Occupation	housewife			
	Name of Wife or Husband	Samuel Williams							
	Father's Name	Thomas Williams					Father's Birthplace	P. G. Co. Md	
	Mother's Maiden Name	don't know					Mother's Birthplace	" " "	
Name of person giving information	Thomas Matthews					How related to deceased	none		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis					How long	5 months	
	Immediate	exhaustion					How long		
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	J. M. Marshall	
	Address						Springfield Md		
Accident or Suicide?									

